

FMRI AND MRI AT NIH

Sean Marrett / FMRIF / NIMH

Functional MRI Summer Course 2016

OUTLINE

1. THE NIH HAS PROBABLY THE LARGEST CONCENTRATION OF RESOURCES FOR MRI METHOD DEVELOPMENT AND APPLICATION TO NEUROSCIENCE IN THE WORLD
 - FUNCTIONAL MRI FACILITY
 - IN-VIVO NMR FACILITY/MOUSE IMAGING FACILITY
 - SCIENTIFIC STATISTICAL COMPUTING CORE
 - NEUROPHYSIOLOGICAL IMAGING FACILITY
 - MEG
 - SCIENTIFIC INSTRUMENTATION BRANCH
 - ETC
2. BECAUSE OF THE SCALE, IT IS NOT EASY TO UNDERSTAND ALL THE RESOURCES THAT ARE AVAILABLE OR THE RANGE OF MRI STUDIES THAT GET CARRIED OUT AT THE NIH
3. SOME EXAMPLES OF SOME OF THE ADVANCED/INTERESTING MR METHODS AND STUDIES THAT ARE OR HAVE BEEN CARRIED OUT AT NIH FROM 20 INVESTIGATORS (A WORK IN PROGRESS)

FMRI STUDIES AT THE NIH..

- Epilepsy
- Visual processing
- Mood disorders
- Learning
- Genetics
- Plasticity/Recovery
- Motor Function
- Auditory processing
- Attention
- Language
- Speech
- Stroke
- Social Interaction
- Development
- Aging

Methods – FMRI, MRS, DTI

Hardware – Coils, receivers

Pulse sequences

Pre and Post-processing

Contrast agents/particles etc

All papers involving MRI from Bethesda

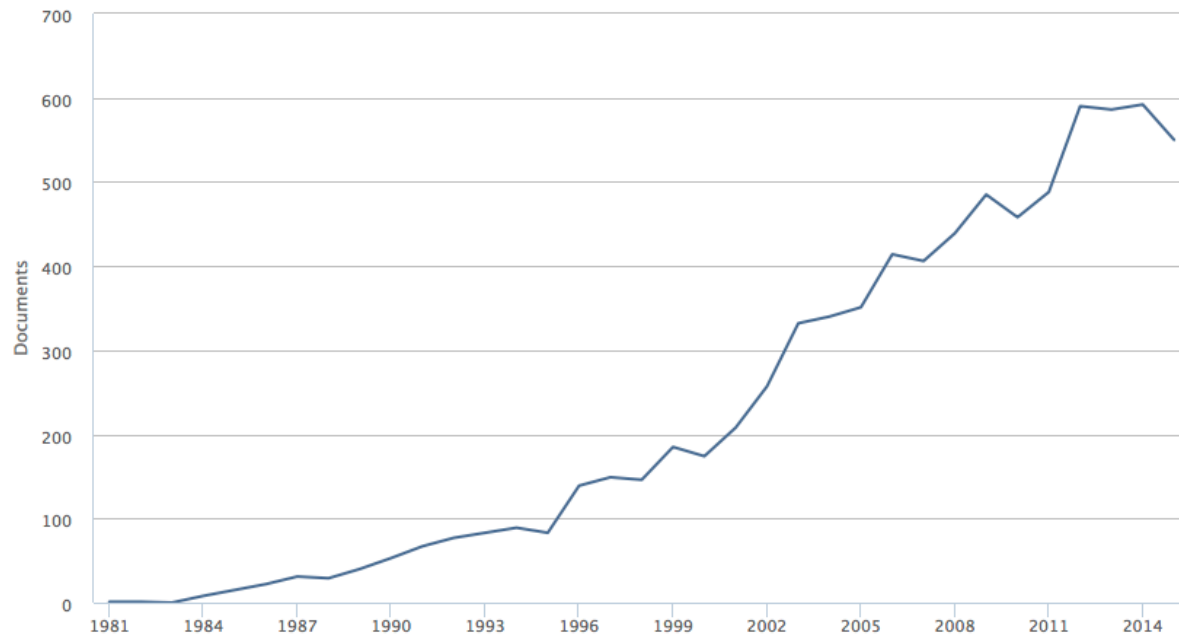
(TITLE-ABS-KEY (mri OR "magnetic resonance imaging") AND AFFIL (bethesda)) [Back to your search results](#)

7888 document results Choose date range to analyze: to

Year	Source	Author	Affiliation	Country/Territory	Document type	Subject area
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Year ▾	Documents
2015	550
2014	592
2013	586
2012	590
2011	488
2010	458
2009	485
2008	439
2007	406
2006	414
2005	351
2004	340
2003	332
2002	257
2001	208
2000	174
1999	185

Documents by year



FMRIF

Publications: 2000-2015

- **999 peer reviewed papers** (31 PI's using the core)
 - 672 from NIMH
 - 234 from NINDS
 - 93 from other institutes
- **81,899 citations**
- **H-index of 141**
- **Listing of all papers:**

https://fmrif.nimh.nih.gov/public/FMRIF_all_Aug2015.xlsx/at_download

In-Vivo NMR Center Magnets



FMRIF Scanner History

Time

1 Scanner

May, 2000: Installed **first GE 3T VHi**

2 Scanners

Nov, 2002: Installed **second GE 3T VHi**

3 Scanners

Aug, 2004: Inherited **GE 1.5T**

4 Scanners

Nov, 2007: Replaced **first GE 3T VHi** with **2 x GE 3T HDx**

5 Scanners

Jan, 2011: Replaced **GE 3T VHi** with **Siemens 7T**

June, 2011: Obtained **GE 750**

Aug, 2011: Replaced **GE 1.5T** with **Siemens Skyra 3T**

Spring, 2015: NIAAA 3T-Prisma operational (25% NIMH, 25% NINDS)

Summer, 2016: Upgrade **2 x GE 3T HDx** with **2 X GE 730**

? 2017 ? : NMRF 7T (!)

FMRI Scanners

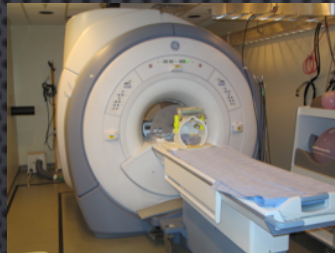
3TA
GE HDx



- GE 8-channel head coil
- GE HNS coil
- P31 loop coil
- Quadrature spectroscopy coil (GABA experiments)
- GE Quadrature head coil

Gradient: 40 mT/m, Slew Rate: 150T/m/s

3TB
GE HDx



- GE 8-channel head coil
- GE Quadrature head coil
- Nova Medical 16-channel head-coil

Gradient: 40 mT/m, Slew Rate: 150T/m/s

3TC
GE 750



- GE 32-channel head coil
- GE Quadrature head coil
- Nova Medical 32-channel head coil

Gradient: 50 mT/m, Slew Rate: 200T/m/s

3TD
Siemens
Skyra



- Siemens 20-channel head coil
- Siemens 32-channel head coil
- Siemens 12-channel spine array (built into table)

Gradient: 45 mT/m, Slew Rate: 200T/m/s

7T
Siemens



- Siemens 1-channel Tx / 32-channel Rx coil
- Siemens 8-channel Tx / 32-channel Rx coil
- QED dual-tuned 1H / 31P coil

Gradient: 70 mT/m, Slew Rate: 200T/m/s

NIAAA 3T: Siemens Prisma



- Siemens 20-channel head coil
- Siemens 64-channel head-neck coil
- Siemens 12-channel spine array (built into table)

Gradient: 80 mT/m, Slew Rate: 200T/m/s

other resources

Technology

Coil arrays
High field strength
High resolution
Novel sequences

Methodology

Paradigm design
Univariate / Multivariate
Multi-modal integration
Real time feedback
Classification

Fluctuations
Dynamics
Functional Resolution

Interpretation

Healthy Brain Organization
Clinical Research
Clinical Applications

Applications



7T MRI (fMRI) – 2011

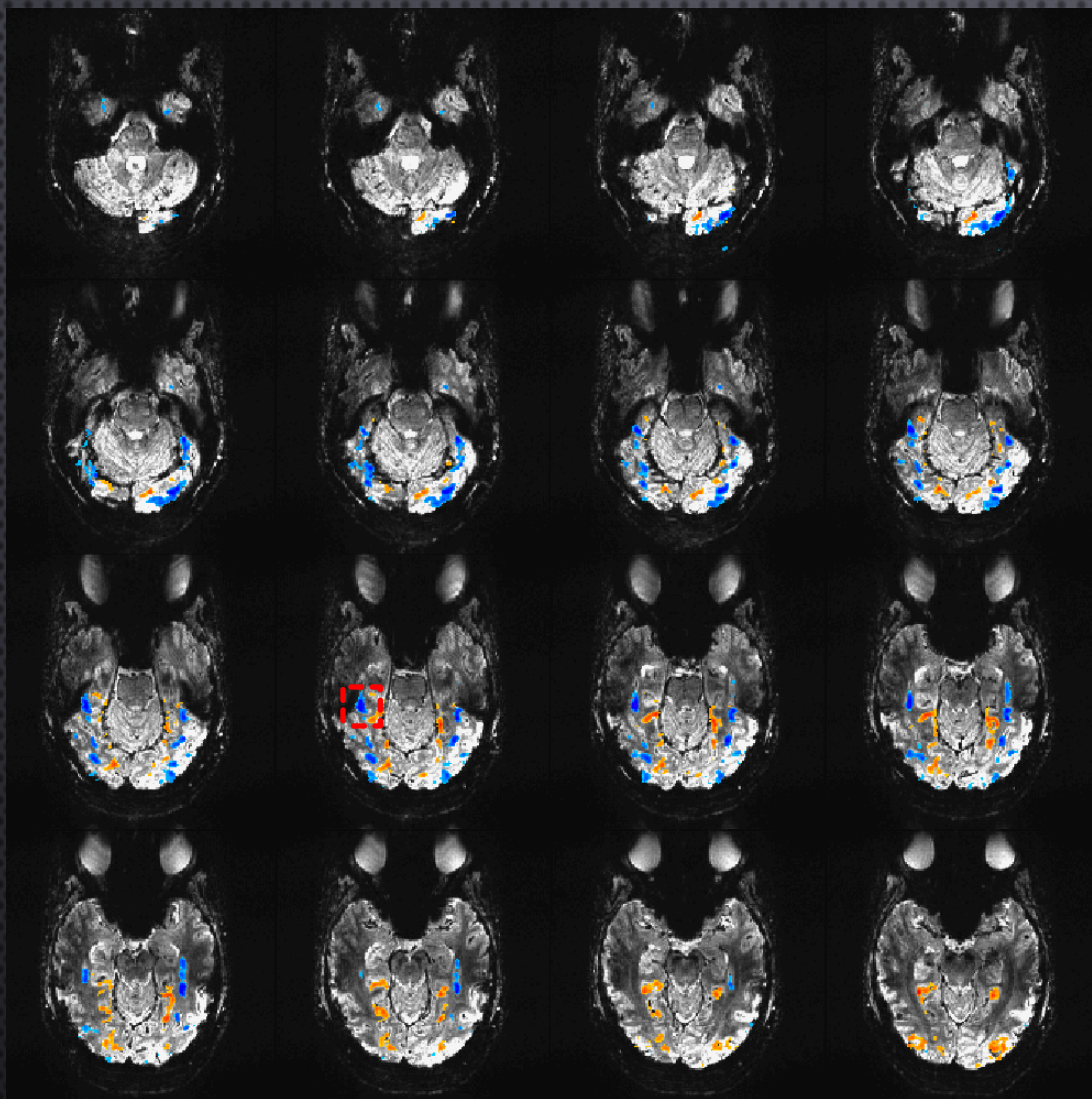


Actively-shielded 7T MRI

- ❖ Actively shielded, body gradient
- ❖ Sub-mm anatomical (T1, T2)
- ❖ EPI ($0.8 - 1.6\text{mm}^3$)

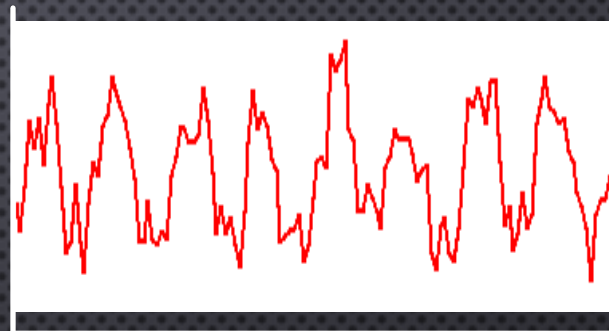


32-channel head coil

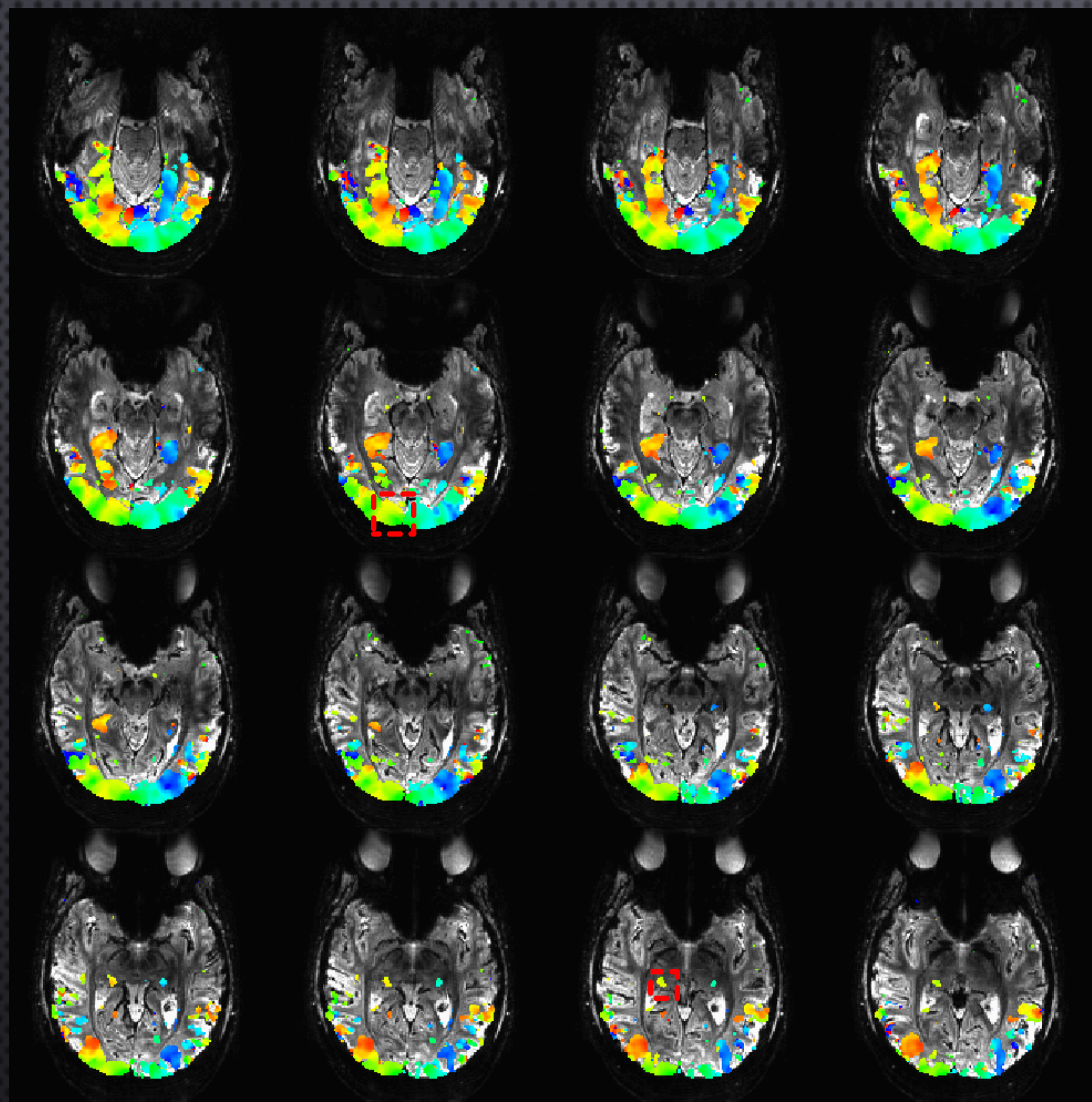


BOLD signal (AU)

R FFA

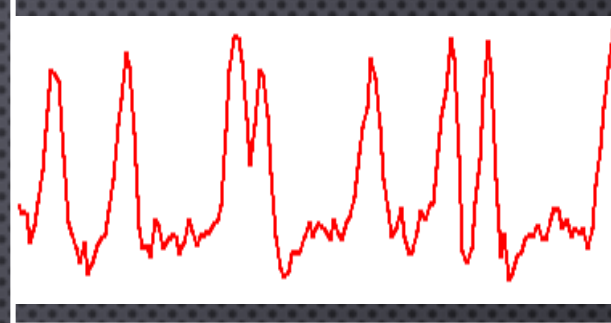


Time



BOLD signal (AU)

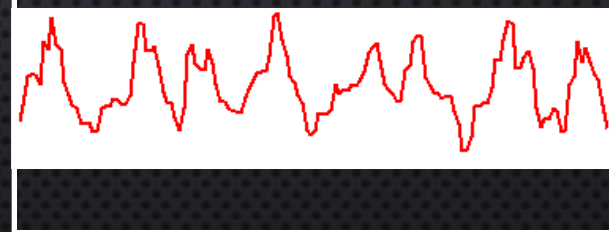
R V1



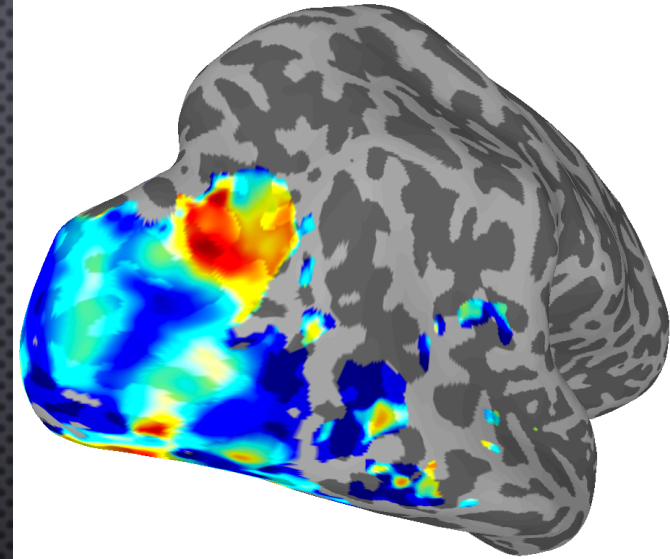
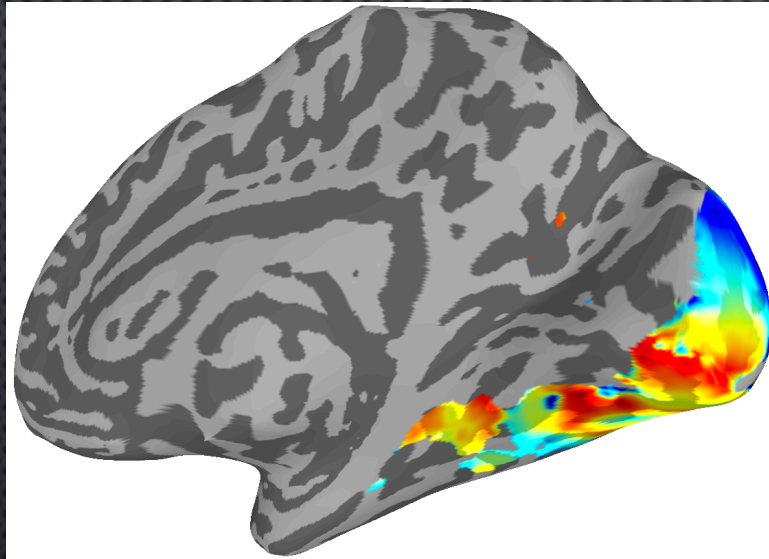
Time

BOLD signal (AU)

R LGN



Time



MGH Blipped-CAIPI

SMS = 3

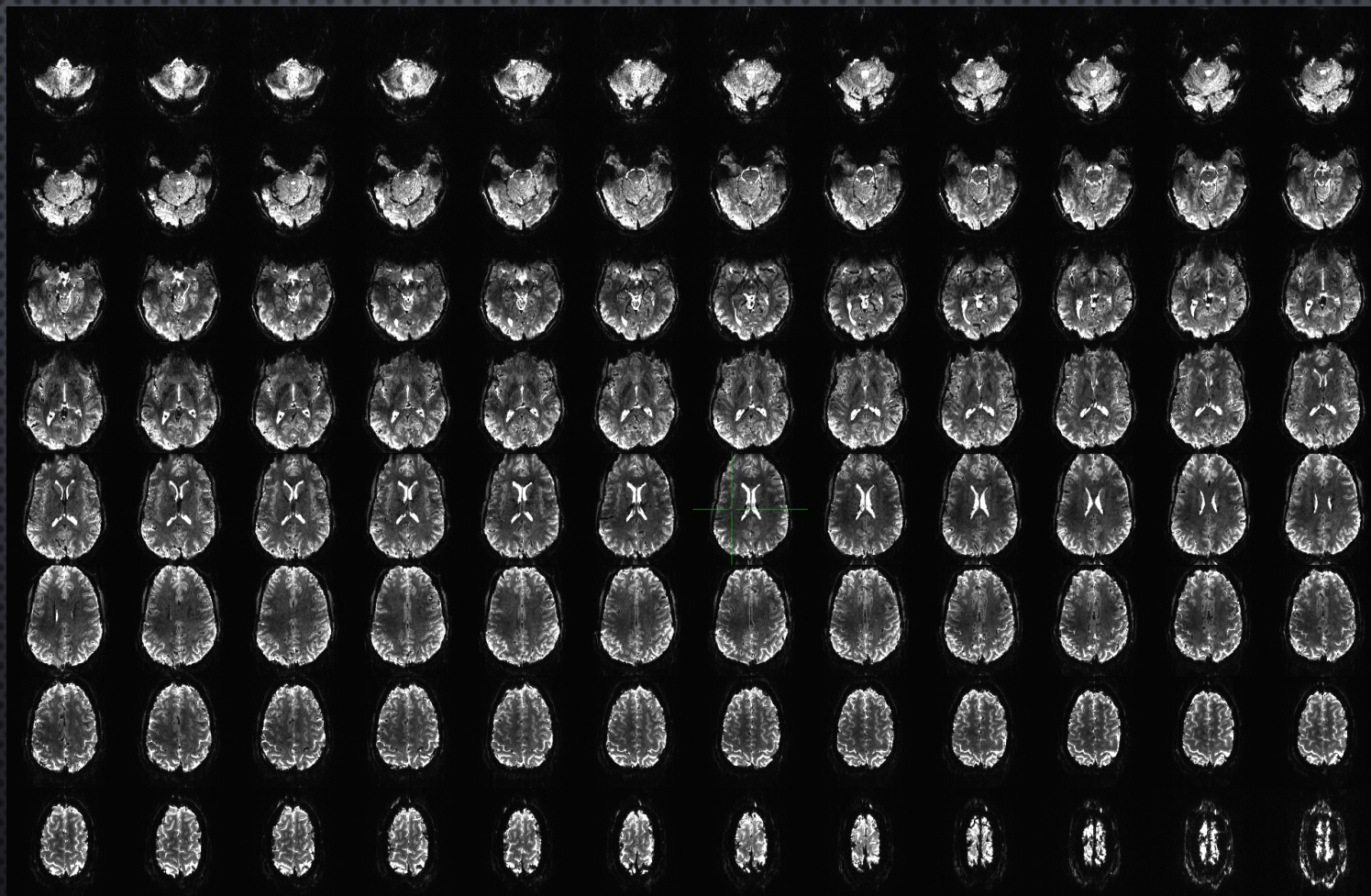
GRAPPA = 4

1.1mm isotropic

TR=2s / TE=25

104 slices

(100 shown)



1985-1990

- 1987 – NMRF Center Opens (Instigator: Ted Becker /Director:David Hoult)
- 1988 – David Hoult hires Bob Turner
- 1989 – Bob Balaban publishes magnetization transfer paper
- 1989 - Bob Turner & LeBihan implements DW-EPI on 1.5T
- 1989 – Harold McFarland – first longitudinal MS protocol (Original protocol still recruiting subjects for Neuroimmunology (Reich))

New NMR Center Opens

By Blair Gately

The NIH In Vivo NMR Research Center has opened in a one-story building adjacent to the Clinical Center's "D" wing.

The new facility, which was dedicated late last month, is the first centralized NMR facility on campus and will be the focus of biomedical NMR research, according to Dr. Cherie Fisk, Office of Research Services. It houses three nuclear magnetic resonance imaging and spectroscopy instruments, two for animal studies and one for patients.

Nuclear magnetic resonance is used to study anatomical and physiological processes in living systems. The new center has a 1.5 Tesla whole-body instrument and two wide-bore animal NMR machines, one with a 2 Tesla field and the other with a 4.7 Tesla field, and associated data stations and computer facilities. In addition, a 7 Tesla 10-cm spectrometer is there for special applications in NMR spectroscopy.

By having machines for both animal and human images in the center, researchers will be able to conduct directly analogous experiments.

The center also has a small patient care area with waiting, dressing and preparation rooms.

"This is a day many of us have been looking

(See NMR, Page 8)

NMR

(Continued from Page 1)

forward to for a long time," Dr. Edwin D. Becker, NIH associate director for research services, said at the dedication ceremony in the ACRF Amphitheater. "This facility is a cooperative and collegial effort by NIH's institutes."

The keynote speaker at the ceremony, Dr. E. Raymond Andrew, professor of physics and radiology, University of Florida, spoke about the impact of "NMR in Biomedicine."

"Nuclear magnetic resonance has become more important in biology and medicine over the last 10 years," he said. "Initially it was the province of the physicist, then the chemist, and



Dr. E. Raymond Andrew, professor of physics and radiology at the University of Florida, gave the keynote address at the opening of the NMR Center.

it has moved across the disciplines."

Andrew showed a series of slides of his own head and abdomen to illustrate the results of NMR imaging.

Dr. S. Morry Blumenfeld of General Electric Medical Systems, the prime contractor for establishment of the center, told the audience, "Our goal is the creation of a new diagnostic modality to bring to the clinician not only the physical attributes of a patient, but also information on the chemistry and biochemistry of abnormal tissues." GE designed, built, and equipped the new center.

Both imaging and spectroscopy make use of the magnetic quality of certain atomic nuclei.

The NMR phenomenon occurs when nuclei containing an odd number of protons and/or neutrons are introduced into a strong magnetic field. These nuclei behave as if they were spinning charges, and precess (gyrate like a top) in a preferred orientation in a strong magnetic field.

When a radio frequency (RF) pulse is introduced by a transmitter—often for only millionths of a second—the nuclear spins will reorient in the field and, as a whole, will absorb energy. Following the pulse, the nuclei "relax" to their original state. The time it takes the stimulated nuclei to relax after a burst of RF energy is a measurable quantity, charac-



Blending in evenly with the brick exterior of the Clinical Center is the one-story In Vivo NMR Research Center, adjacent to the CC's D wing.

teristic of a particular molecular environment.

The relaxation times of these nuclei and the RF frequency for resonance are of use in physics, chemistry, and biochemistry. The distribution in space of these nuclei can be used to obtain images.

While imaging of human anatomy is perhaps the most widely known aspect of NMR, the procedure has been used at NIH for more than 30 years for basic research in organic and physical chemistry, and, more recently, for biochemistry and physiology. NMR can provide information on the structure of molecules.

"I was introduced to NMR 30 years ago by Dr. Becker and I was impressed then and have been ever since with the power of this technique," said Dr. Joseph Rall, NIH deputy director for intramural research. "NIH is a good community for a center because of both the expertise and the clinical need that we have."

NMR was discovered in 1946 by two American scientists, Felix Bloch and Edward Purcell, who were awarded the Nobel prize in physics in 1952 for their work.



Inspecting the facilities in the recently opened In Vivo NMR Research Center are (from l) Dr. David Hault and Dr. Ching-Nien Chen, BEIB; Julie Ireland, ORS; Dr. Andrew Dwyer and Dr. Joseph Frank, CC-Diagnostic Radiology Department.

1991-1995

1991 – Judy Rapoport and Jay Giedde begin longitudinal pediatric study of normal brain development.

1992 – 4T installed in NHLBI in NMRF (Turner hired by Bob Balaban)

1992 – First successful fMRI @ NIH

1992 – Peter Basser publishes first DTI paper

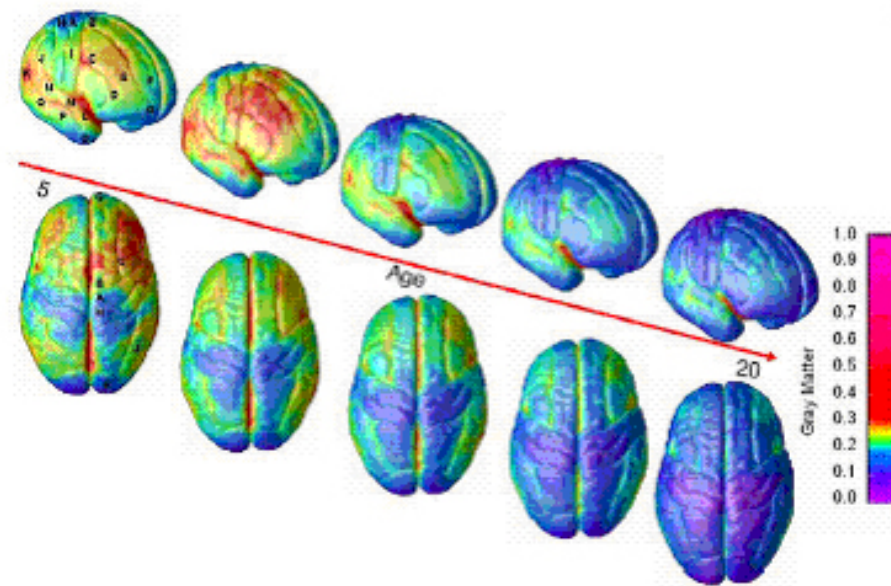
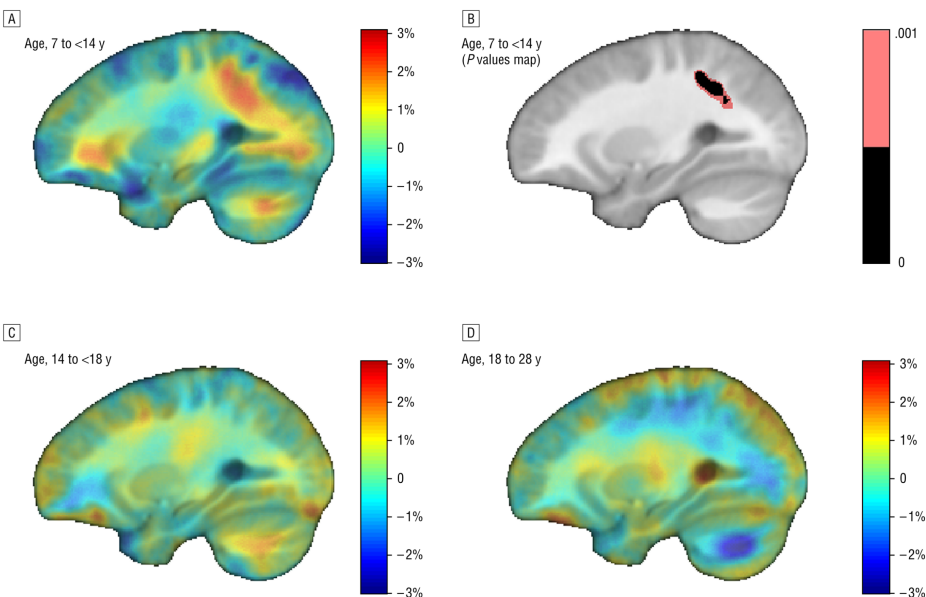
1992 – Bandettini and Wong et al publish BOLD-EPI finger-tapping experiment (same year as Kwong et al and Ogawa et al)

1995 – Plasticity/Motor learning fMRI (Ungerleider/Turner)



JUDY RAPOPORT/CHILDHOOD PSYCHIATRY

- Early studies of brain development
- Longitudinal studies of childhood onset schizophrenia
- Longitudinal studies of normal brain development

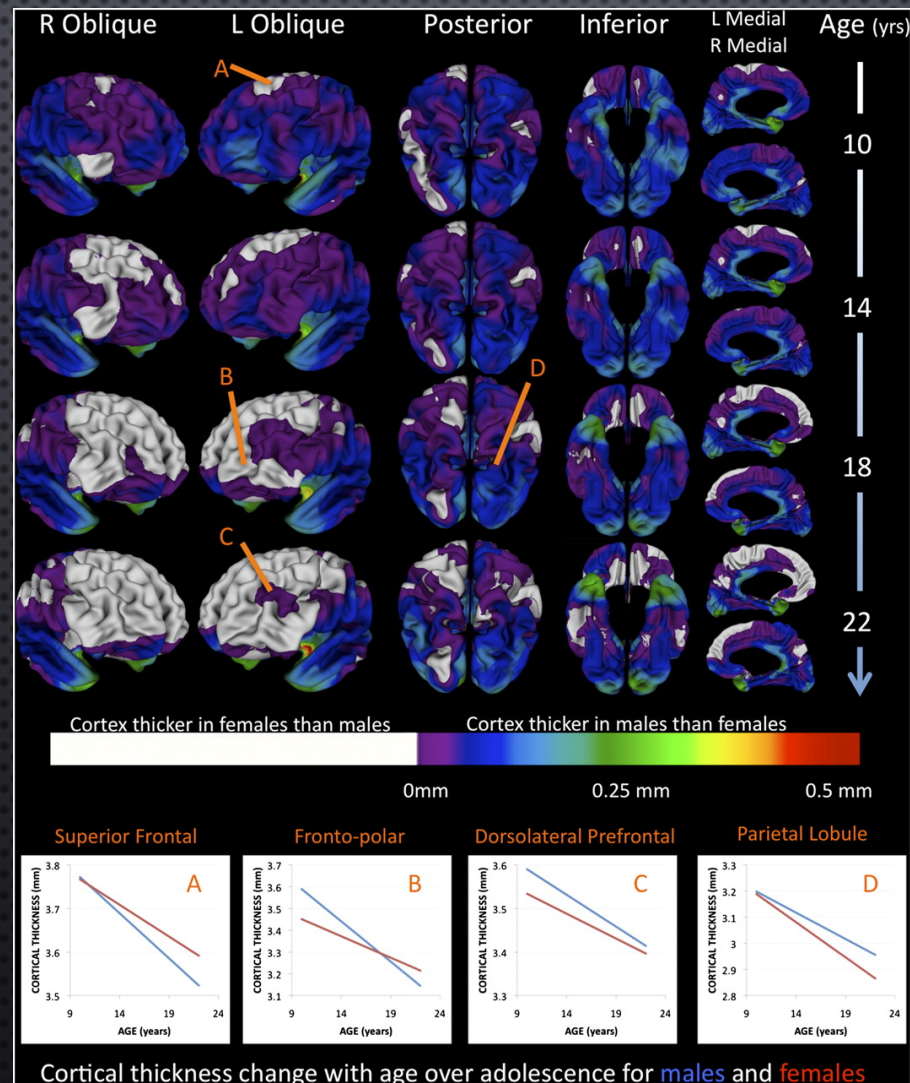


Longitudinal MRI, genom



ARMIN RAZNAHAN (DEVELOPMENTAL NEUROGENOMICS – AKA @BOGGLERAPTURE)

- Longitudinal MRI studies of normal brain development in children
- Methodology – impact of motion on imaging-derived phenotypes



PROMO, longitudinal



LESLIE UNGERLEIDER/NEUROCIRCUITY SECTION

Early fMRI adopter

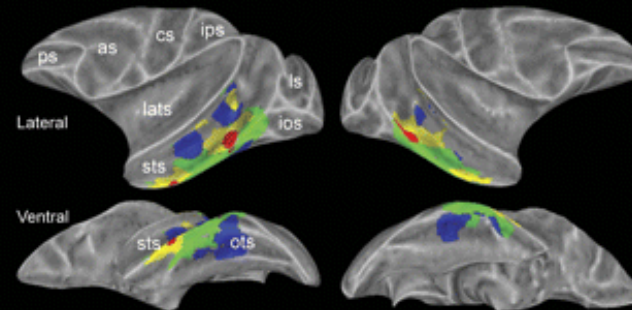
Functional architecture of perceptual and attentional systems

Functional anatomy of face processing

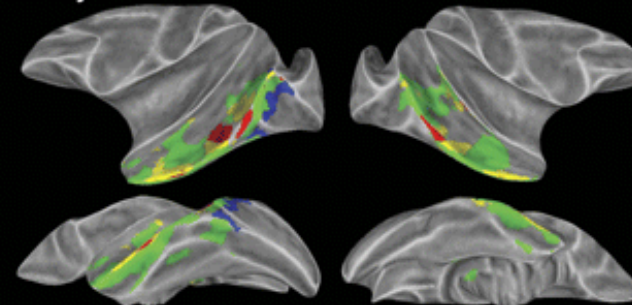
Primate imaging/anatomical studies

Comb

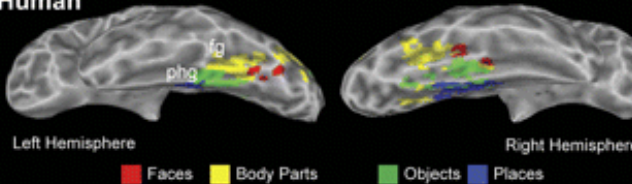
Monkey E



Monkey J



Human



Use: eye tracking, TMS
Primate fMRI

1996-2000

1997 – Ungerleider, Haxby, Martin – Vision, attention, FFA etc

1999 – Koretsky hired to run NMRF

1999 – Peter Bandettini hired to run newly established Functional MRI Facility (NIMH/NINDS)

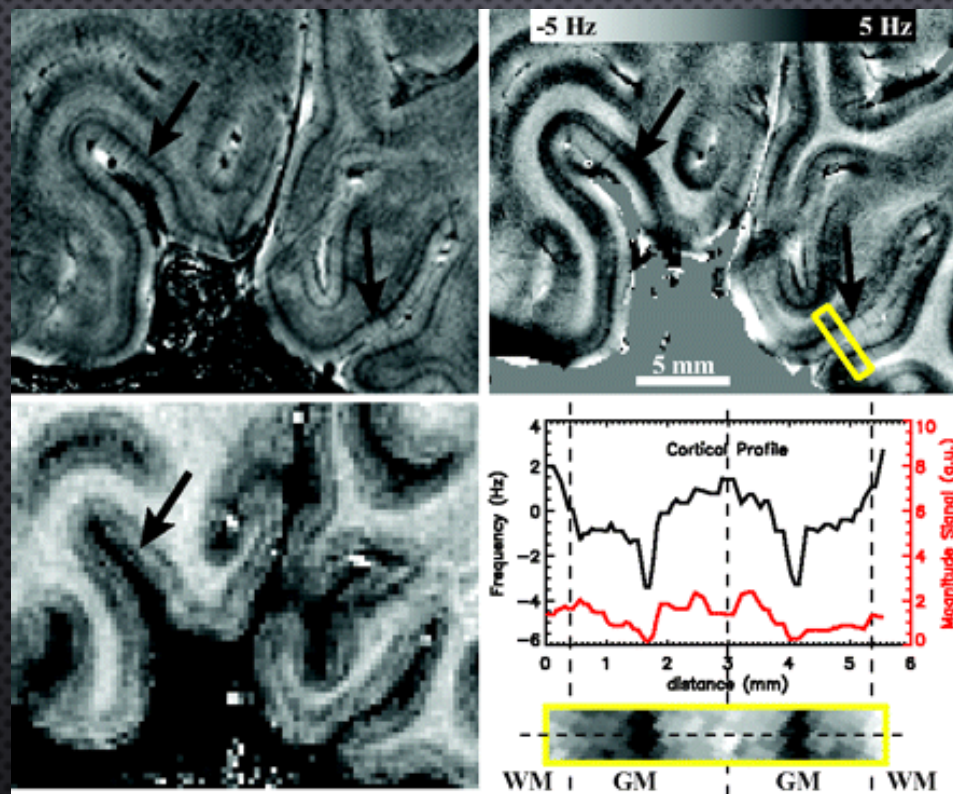
1999 – Delivery of first commercial 3T (GE/VHi) MRI system to FMRI

2000 – Routine scanning begins on FMRI 3T



JEFF DUYN/ADVANCED MRI (METHODS DEVELOPMENT)

- Imaging methods/technology especially parallel imaging
- Magnetic susceptibility contrast imaging – mechanisms & applications
- Physiological basis of spontaneous brain activity
- pulse sequences and techniques esp for UHF imaging (7T & 11.7T)



Use: EEG/MRI,
eye tracking (7T),
custom pulse seq&rec

- High-field MRI of brain cortical substructure based on signal phase, Duyn, J.H. et al (2007) PNAS
- Low-frequency fluctuations ... as a source of variance in the resting-state fMRI BOLD signal Shmueli, K. et al (2007) Neuro
- Susceptibility contrast in high field MRI of human brain as a function of tissue iron content Yao, B. et al (2009) NeuroImag
- Layer-specific variation of iron content in cerebral cortex as a source of MRI contrast, Fukunaga, M et al (2010) PNAS

PARALLEL IMAGING -16 CHANNEL COIL FOR 3T

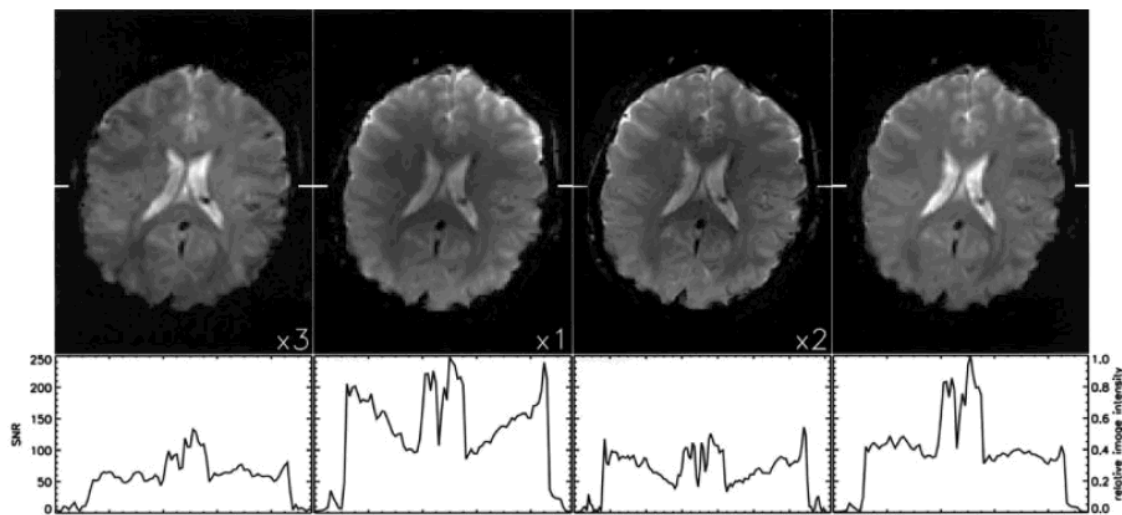
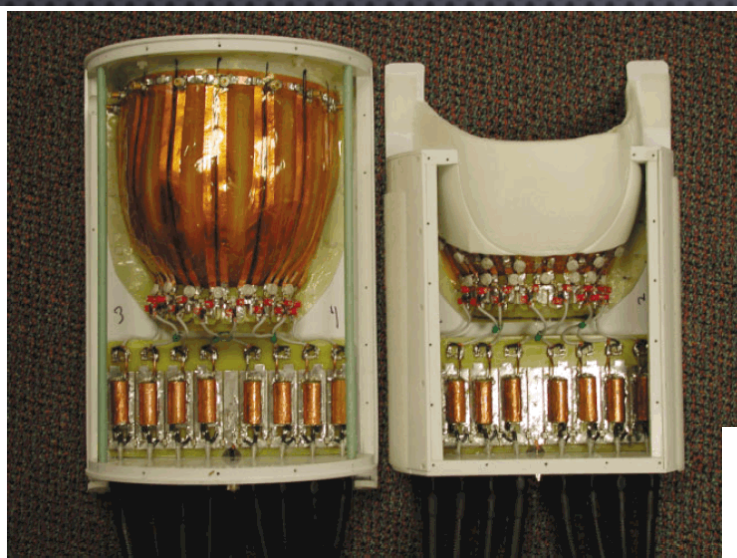
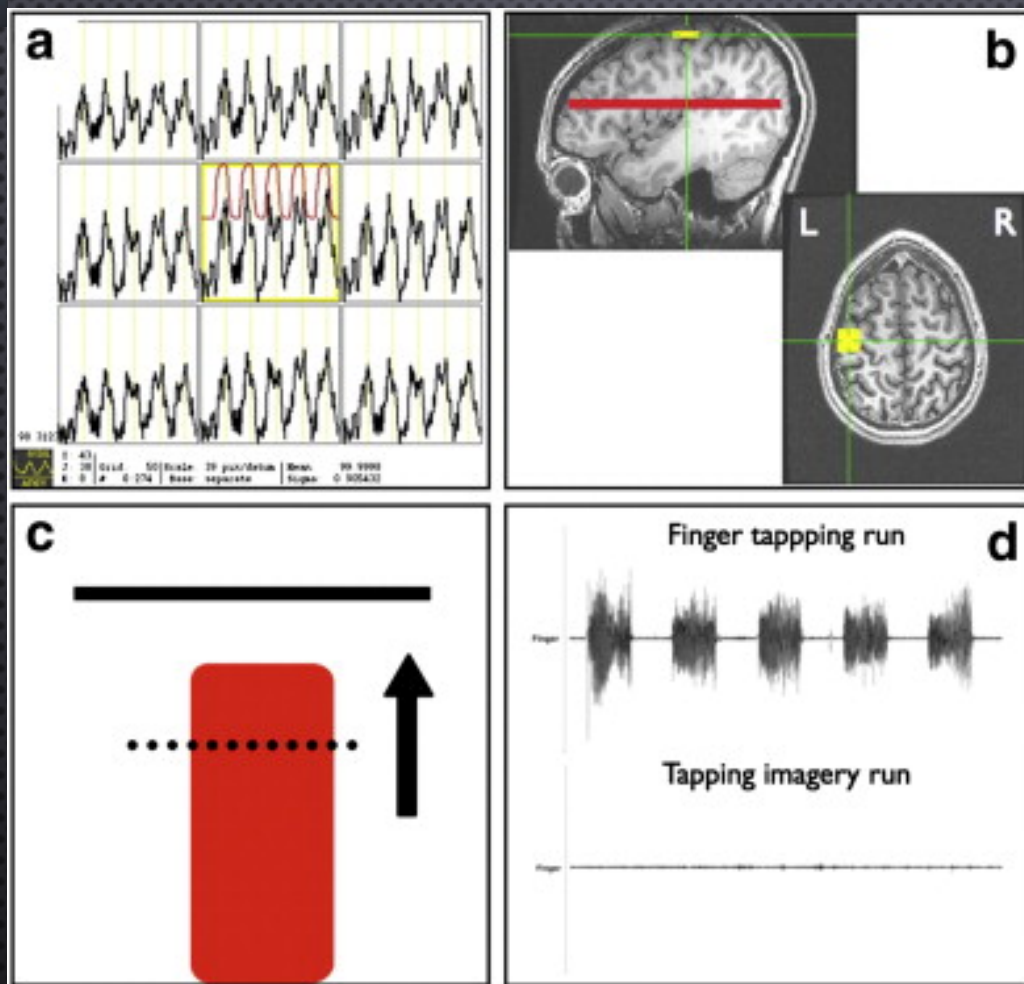


FIG. 2. Performance of the 16-channel coil compared to the standard 28-cm GE birdcage head coil. The top row shows a single slice of the acquired EPI data. The three leftmost images are SNR maps. Their relative scaling factor is indicated in the lower right corner of the image. The rightmost image shows the same data as in the second image, after intensity correction. Tick marks left and right in each image indicate the location of the profile shown below it. The first column shows single-shot EPI data from the birdcage head coil (128×96 resolution). Data in all other columns were acquired with the 16-channel coil. Data in the second and third columns were acquired at respectively the same (128×96) and higher (192×144 , rate-2 SENSE) spatial resolution. Note that the scaling of the rightmost column is arbitrary. See text for more details.



MARK HALLETT/HUMAN MOTOR CONTROL SECTION

- Evaluating motor disorders with FMRI, rsMRI, MRS
- FMRI neurofeedback / treating movement disorders
- Motor learning in dystonia and healthy controls



- Voon et al, Dopamine and impulse control

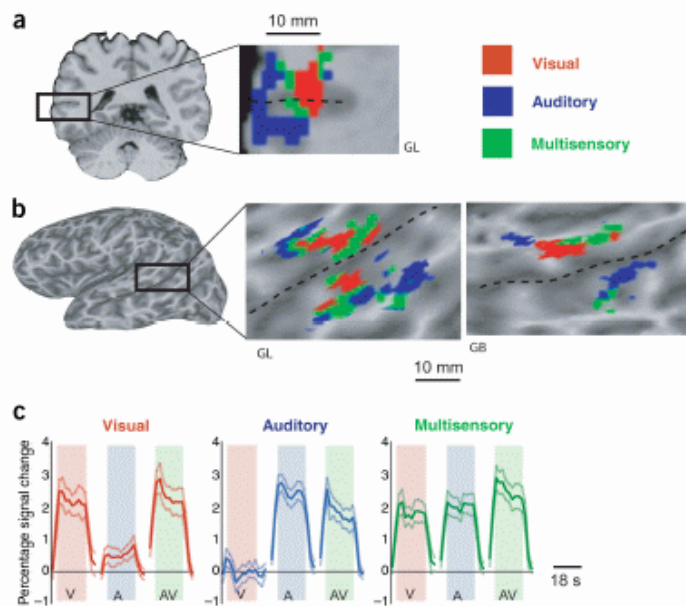
Use: eeg/fmri, RT-feedback
stimulators, force-measurement



Unraveling multisensory integration: patchy organization within human STS multisensory cortex

Michael S Beauchamp¹, Brenna D Argall¹, Jerzy Bodurka², Jeff H Duyn³ & Alex Martin¹

Although early sensory cortex is organized along dimensions encoded by receptor organs, little is known about the organization of higher areas in which different modalities are integrated. We investigated multisensory integration in human superior temporal sulcus using recent advances in parallel imaging to perform functional magnetic resonance imaging (fMRI) at very high resolution. These studies suggest a functional architecture in which information from different modalities is brought into close proximity via a patchy distribution of inputs, followed by integration in the intervening cortex.



The human superior temporal sulcus multisensory area (STS-MS) is important for integrating auditory and visual information about objects, speech, letters and other behaviorally relevant stimuli¹⁻⁴. Electrophysiological recording studies from macaque monkeys demonstrate that individual neurons in monkey STS may respond only to auditory stimuli, only to visual stimuli, or both to auditory and to visual stimuli^{5,6}. Although it is reasonable to assume that similar neuronal response properties exist in human STS-MS, there has been no direct evidence for this. Additionally, electrophysiological and functional neuroimaging studies to date have provided no information on the topographic organization of these different types of neurons.

One possibility is that the STS-MS is organized as a homogeneous mixture of auditory, visual and auditory-visual neurons. Arguing against this idea is the observation from tracer injection studies that auditory and visual projections to monkey STS lie in non-overlapping domains⁷. This patchy organization is on a scale of 1–2 mm (ref. 8). Owing to technical limitations, standard-resolution fMRI uses voxels that are too large (40–70 mm³) to observe fine structure within cortical areas. Recent advances in multichannel MRI receivers⁹ and whole-brain surface coil phased arrays¹⁰ provide improved signal-to-noise ratio and permit the acquisition of high-resolution fMRI data with significantly more flexibility than single surface coils^{11,12}, making them ideally suited to study the STS-MS.

We mapped the STS-MS in human subjects using standard-resolution fMRI and either videos of tools (for example, a hammer making a hammering motion), recordings of

Figure 1 Patchy organization within the STS-MS. (a) Coronal section with enlargement of the left STS (dashed line). Colors show relative response to unisensory visual (V) and auditory (A) tools. Orange (visual patches): $V > A$, $P < 0.05$. Blue (auditory patches): $A > V$, $P < 0.05$. Green (multisensory patches): $A = V$, $P < 0.05$. Two-letter code (GL) indicates subject identity. (b) Lateral view of the left hemisphere of an inflated cortical surface model, with enlargement showing the STS-MS in two subjects. Same color scale as in a. (c) Average MR time series across subjects ($n = 8$). Three graphs showing the response in visual (left), auditory (middle) and multisensory (right) patches to the three stimulus types (pink shaded region, V, response to visual tools; blue shaded region, A, response to auditory tools; green shaded region, AV, response to multisensory tools) and fixation baseline (non-shaded regions). Thick line, mean response; thin line, s.e.m.

¹Laboratory of Brain and Cognition and ²Functional MRI Facility, National Institute of Mental Health, and ³Section on Advanced MRI, Laboratory of Functional and Molecular Imaging, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, Maryland, USA. Correspondence should be addressed to M.S.B. (mbeauchamp@nih.gov).



PETER BANDETTINI/FUNCTIONAL IMAGING METHODS

- Maximizing information that can be extracted from fMRI time series
- Multi-echo EPI for improved fMRI & rs-fMRI clustering
- Mass averaging reveals widespread BOLD activation
- Understanding rsfMRI mechanisms and confounds
- Information mapping/decoding fMRI

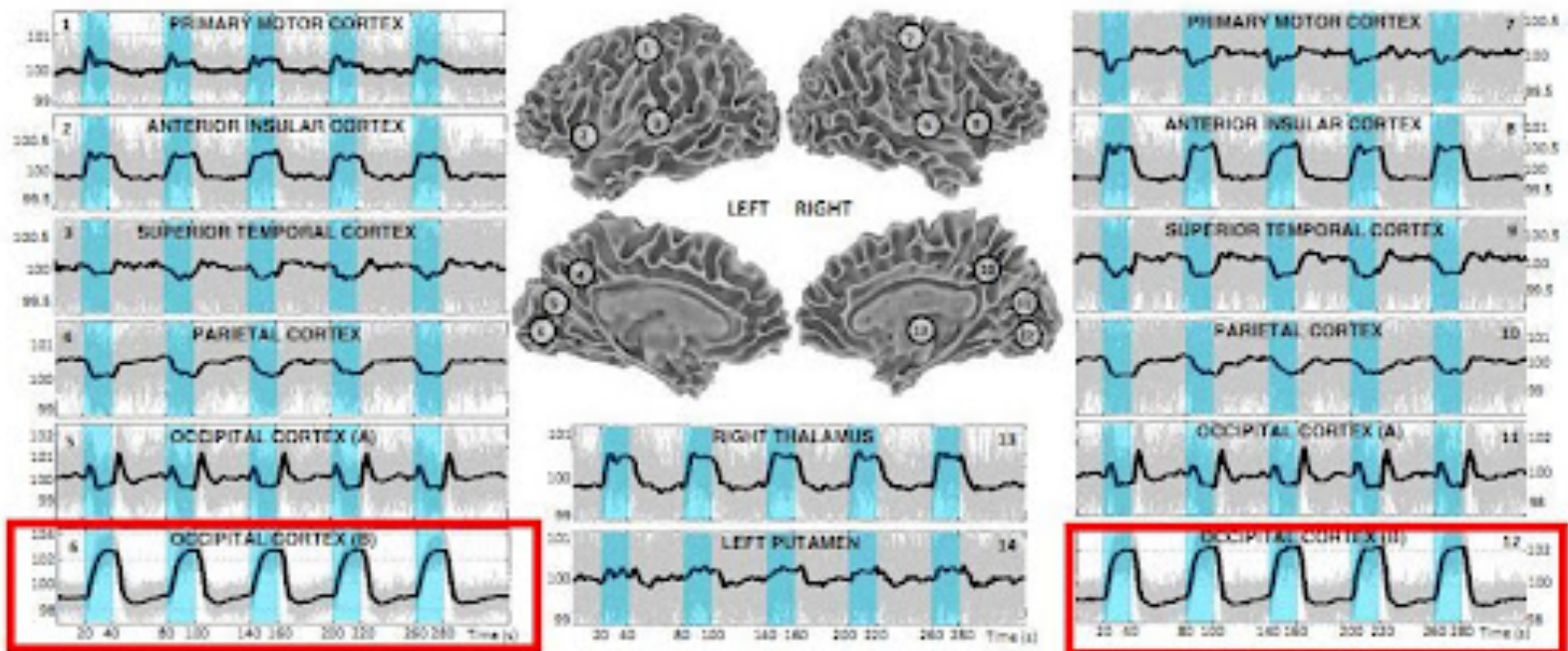
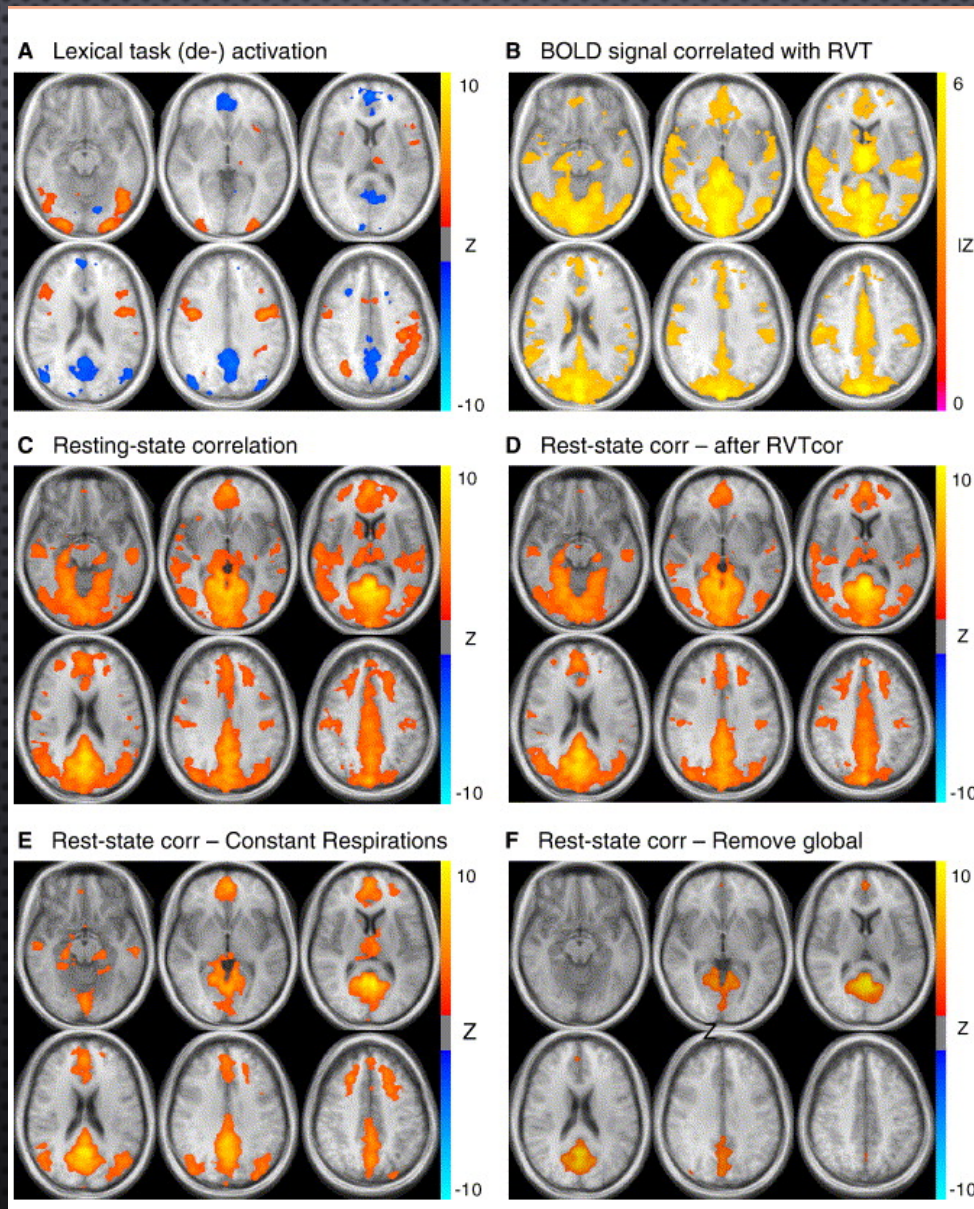


Fig. 2. Time-series for a subset of statistically significant voxels. For each voxel the 100 individual measures are plotted in gray and their average in black.

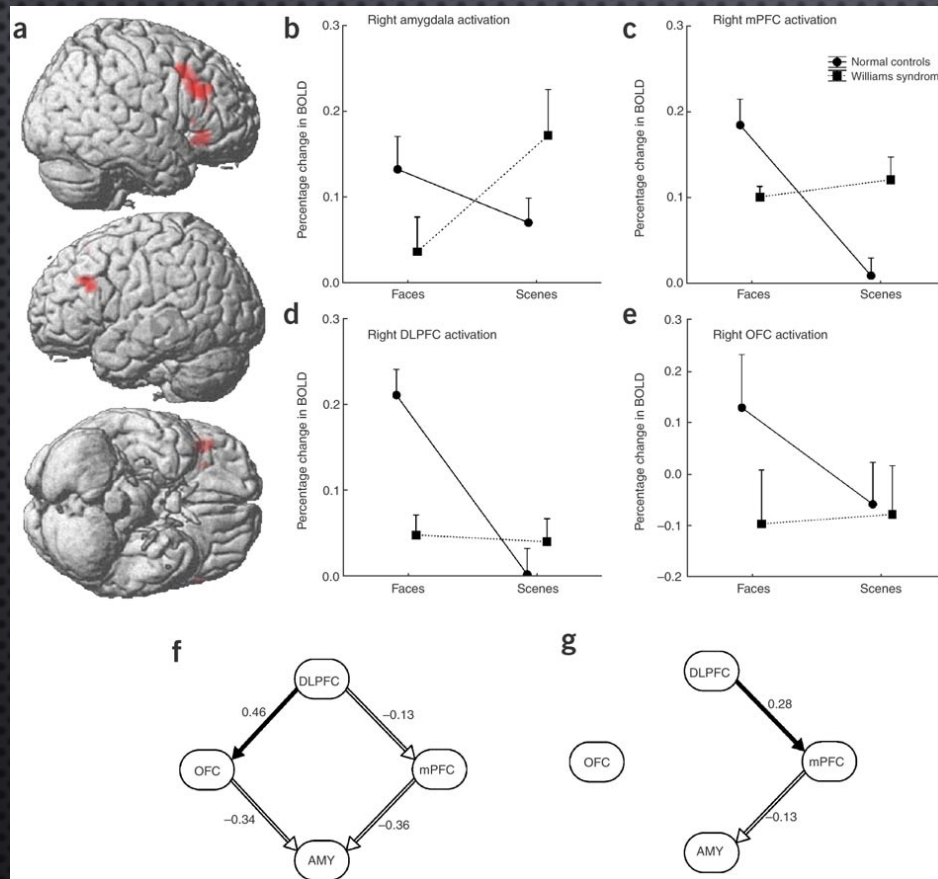
SEPARATING RESPIRATORY-VARIATION-RELATED FLUCTUATION FROM NEURONAL-ACTIVITY-RELATED FLUCTUATIONS IN FMRI (BIRN ET AL)





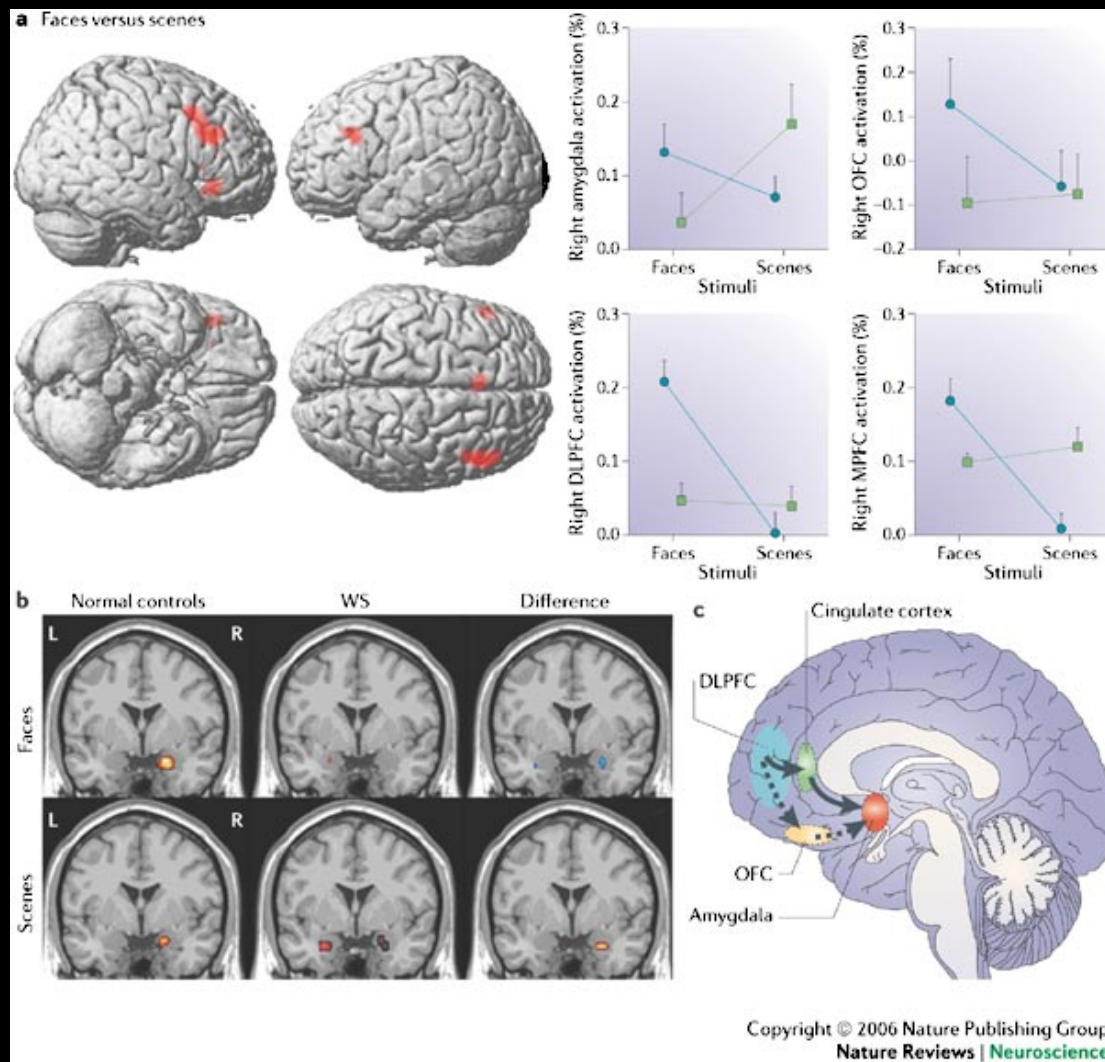
KAREN F. BERMAN / SECTION INTEGRATIVE NEUROIMAGING

- Developmental neuropsychiatric disorders
- Genetics of social cognition(esp. Williams Syndrome)
- Multi-modality imaging



Use: eye-tracking, auditory
In young children

Williams syndrome chromosome ...hypersocial, anxious personality... altered insula structure..... Jabbi M, Kippenhan JS et al, . Proc Natl Acad Sci U S A. 2009
Variation in dopamine genes influences responsivity of the human reward system. Dreher JC et al,. Proc Natl Acad Sci U S A. 2009
Neural correlates of genetically abnormal social cognition in Williams syndrome. Meyer-Lindenberg A et al Nat Neurosci. 2005
Human dorsal and ventral auditory streams subserve rehearsal-based and echoic processes during verbal working memory. Buchsbaum et al, Neu



From Berman Group: *Nature Reviews Neuroscience* 7, 380–393 (May 2006)

2001-2005

2001-2003 – Mood and Disorder PI's (Pine, Leibenluft, Grillon, Shen Zarate/Drevets)

2002-2003 – Expansion of FMRI (3T-2)

2003-2004 – Purchase/installation of unshielded 7T

2002-2004 – Custom-built 16 channel coil and receiver project (Duyn, Bandettini) demonstrating utility of multi-channel coil at 3T for FMRI

(SHORT) HISTORY OF FMRI AND BRAIN MRI AT NIH

1. Development of MRI at NIH
 - In-Vivo NMR Center (established 1988)
2. Early FMRI studies in animals (Bob Turner, 1987)
3. Initial human functional studies (4T 1993)
4. Key developments from NIH MRI researchers
 - DTI
 - High-field imaging (4 Tesla, 7 Tesla and now 11.7T)
 - Magnetization Transfer
 - Perfusion imaging (ASL)
 - Large scale longitudinal studies of brain development
 - Imaging genomics
 - FMRI/BOLD
 - Decoding/Multivoxel Pattern Analysis
 - High resolution anatomical imaging
 - Real-time FMRI / analysis Software

RESOURCES FOR MRI - HUMAN

1. NIH MRI Research Facility (NMRF)
 - 3T-Siemens-Skyra (Sep 2011)
2. FMRI (NIMH & NINDS – 470 hrs/week of scan time)
 - 2 x 3T GE HDx
 - 1 x 3T-GE-mr750 (June 2011)
 - 1 x 3T-Siemens-Skyra (Sep 2011)
 - 7T Siemens/Magnex (Jan 2011)
3. NINDS/NIMH
 - 11.7T Siemens/Magnex (world's first 2011-2012)
4. Clinical Center (Radiology & Imaging Sciences, TBI)
 - 2 x 3T & 1.5T Philips & 3T Siemens
 - 3T-Siemens Biograph (MR/PET)
5. NHLBI (Cardiac)
 - Multiple 3T Siemens Scanners NCI
 - 3T Phillips
- Etc



JUN SHEN/ MRS SECTION

- MRS methods development, especially ^{13}C
- ^{13}C / GABA / Glu quantification

(use: everything MRS)



Sue Swedo/Developmental Pediatrics

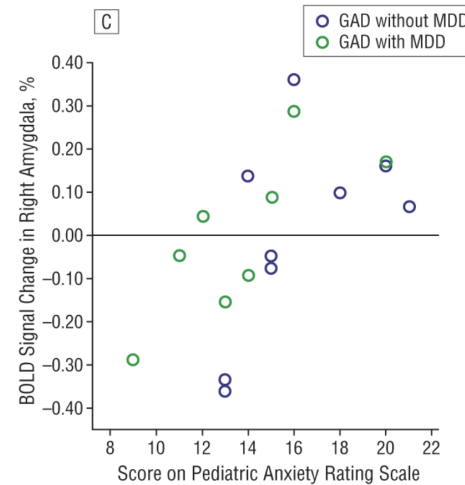
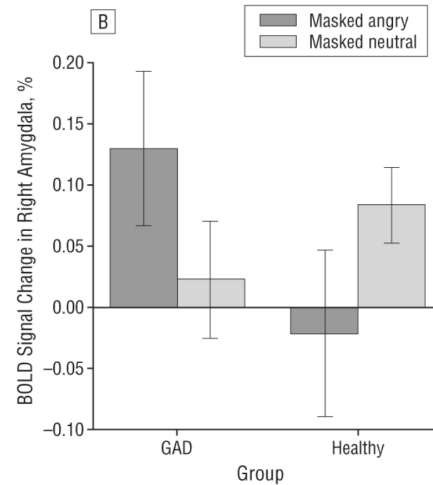
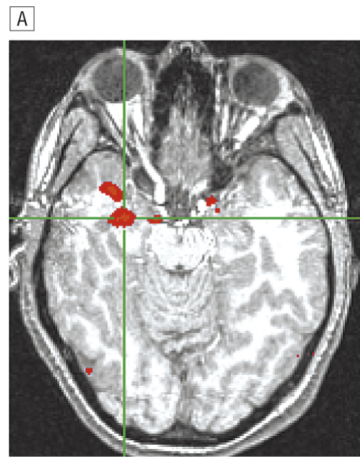
- Phenotyping autism and related disorders using MRI
- Longitudinal MRI of infants at risk for autism

Use: everything infant, T1 mappin



DANIEL PINE/ DEVELOPMENTAL & AFFECTIVE NEUROSCIENCE

- fMRI studies pediatric & adolescent anxiety
- Fear and threat processing in adolescent patient groups

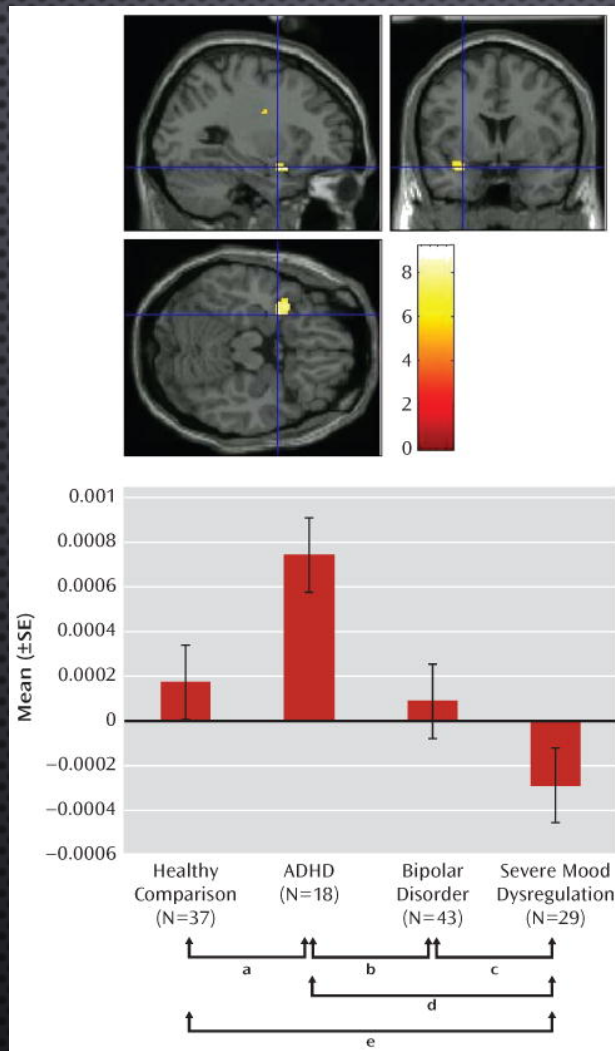


Use: eye tracking, skin conductance



ELLEN LEIBENLUFT/BIPOLAR DISORDERS

- Brain mechanisms in childhood bipolar
- FMRI of adolescents with severe irritability

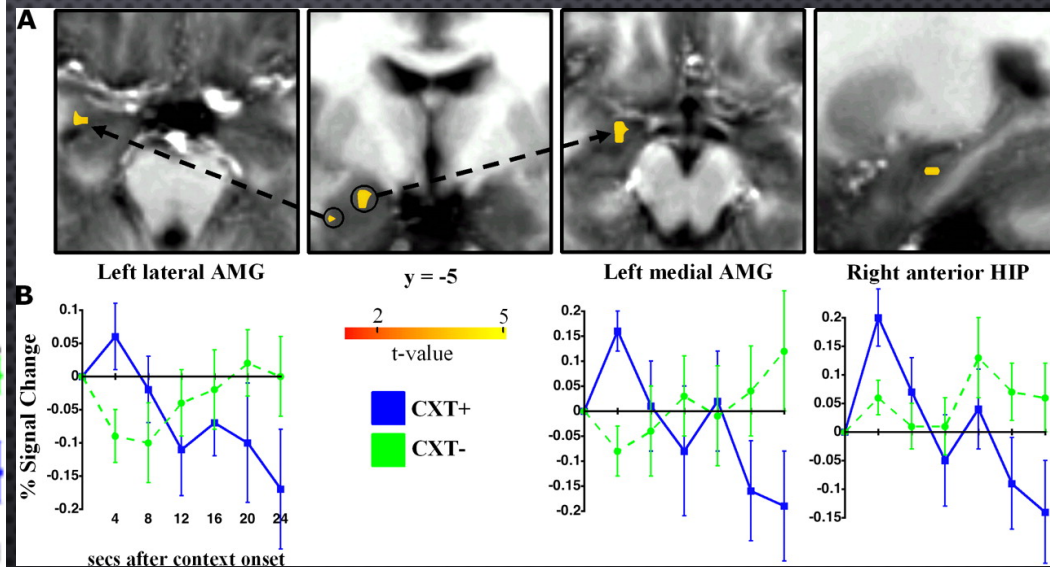
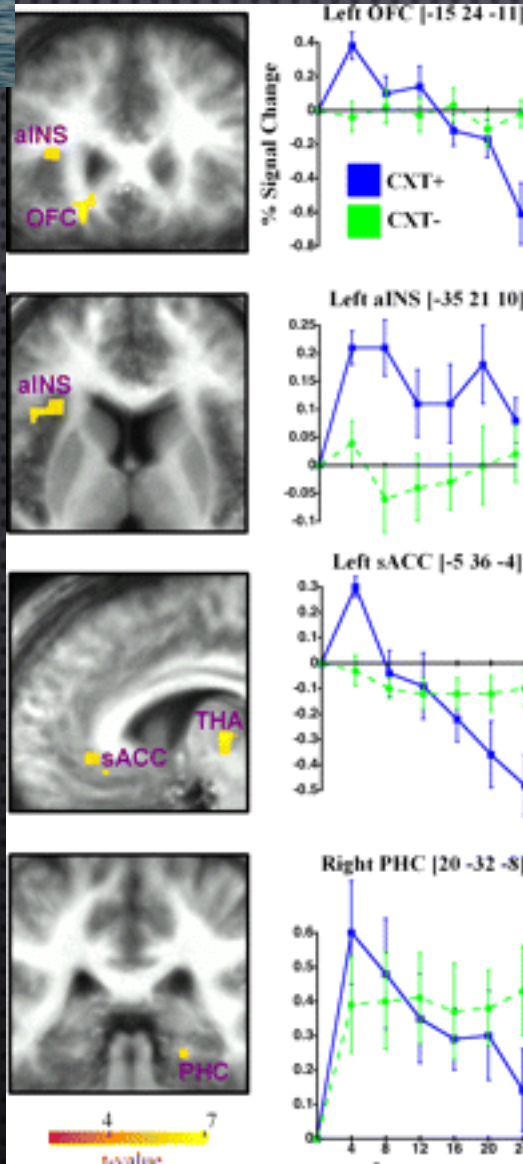


- Cross-sectional & longitudinal abnormalities in brain structure in children with SMD or BD (Adelman et al, 2012)
- Amygdala activation during emotion processing of neutral faces in children with severe mood dysregulation versus ADHD or bipolar disorder (Brotman et al, AM. J Psychiatry, 2010)



CHRISTIAN GRILLION/NEUROBIOLOGY OF FEAR AND ANXIETY

- Phasic and sustained threat
- Electric shock in the magnet
- Virtual reality and fMRI & 7T studies(!)



2006-2010

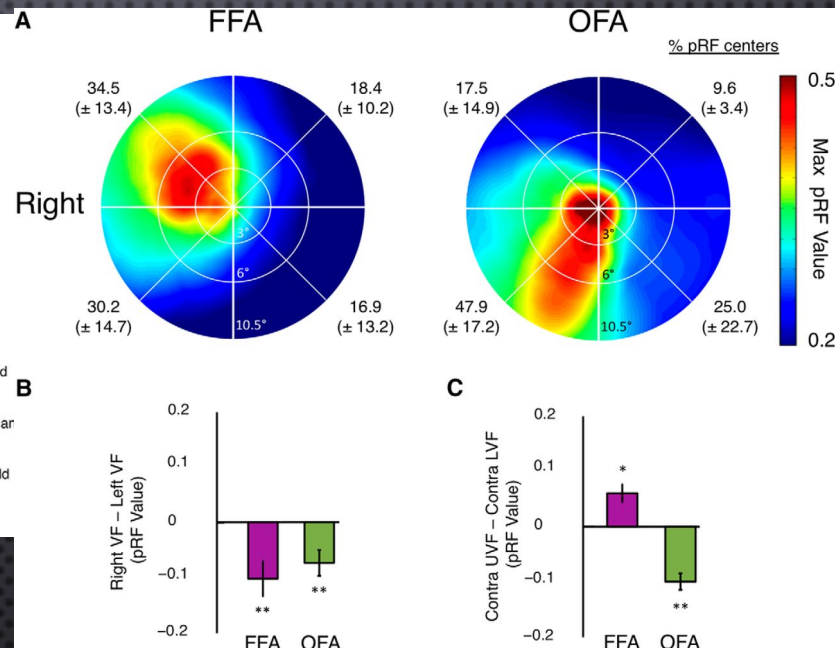
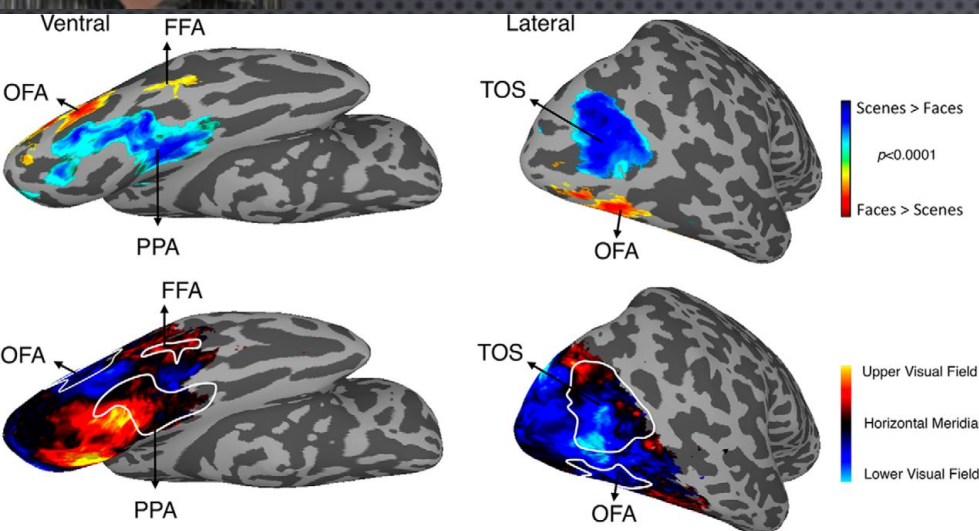
2006-2007 – 3T-1 replaced by 3T-A & 3T-B

2010 – Upgrade of 3T-C to mr750 platform



CHRIS BAKER/UNIT ON LEARNING AND PLASTICITY

- Object, face and body representations in the human brain/task effects
- Neural basis of visual object learning/
- Interaction between bottom-up & top-down processing
- Engaged in debate on circularity artifacts / 7T methods



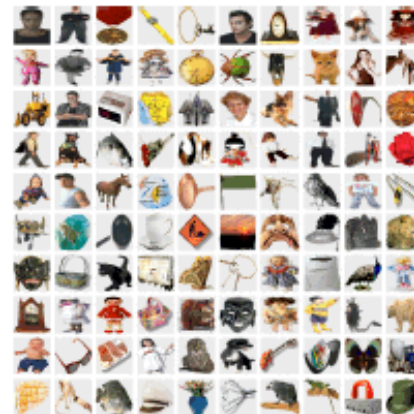
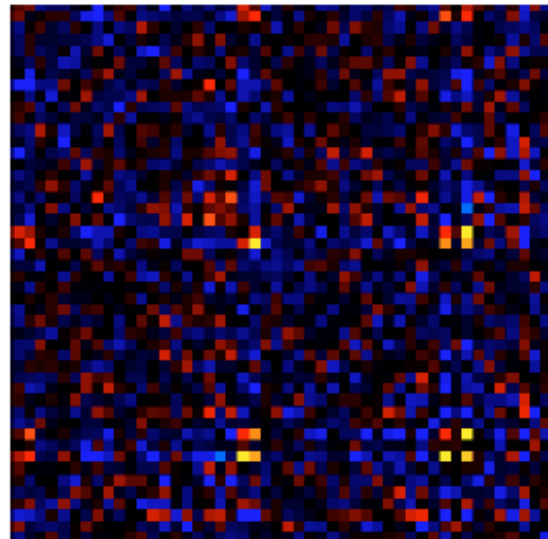
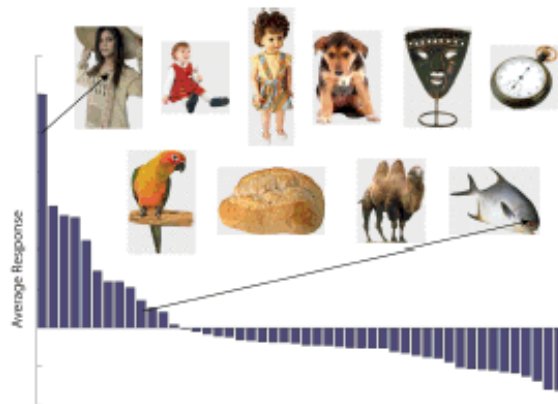
- Circular analysis in systems neuroscience: the dangers of double dipping. Kriegeskorte, N., et al (2009) Nature neuroscience,
- A new neural framework for visuospatial processing Kravitz, D.J., et al (2011) Nature Reviews Neuroscience,
- Real-world scene representations in high-level visual cortex: It's the spaces more than the places Kravitz, D.J., et al (2011) Journal of Neuroscience
- Goal-dependent dissociation of visual and prefrontal cortices during working memory Lee, S.-H., Kravitz, D.J., Baker, C.I. (2013) Nature Neuroscience

SINGLE-ITEM SINGLE-EVENT

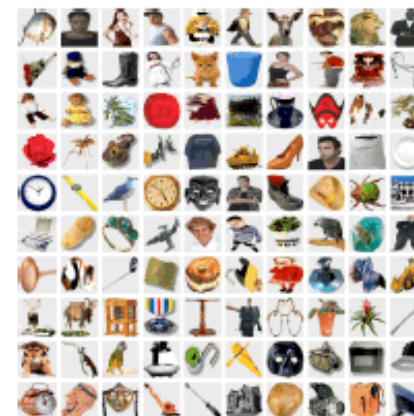
Probing representations with 768 unique conditions

To avoid bias in our sample we chose 768 stimuli from a commercial object database (48 categories * 16 exemplars). We then extracted responses from our independently defined ROIs.

Right FFA



Subject 1



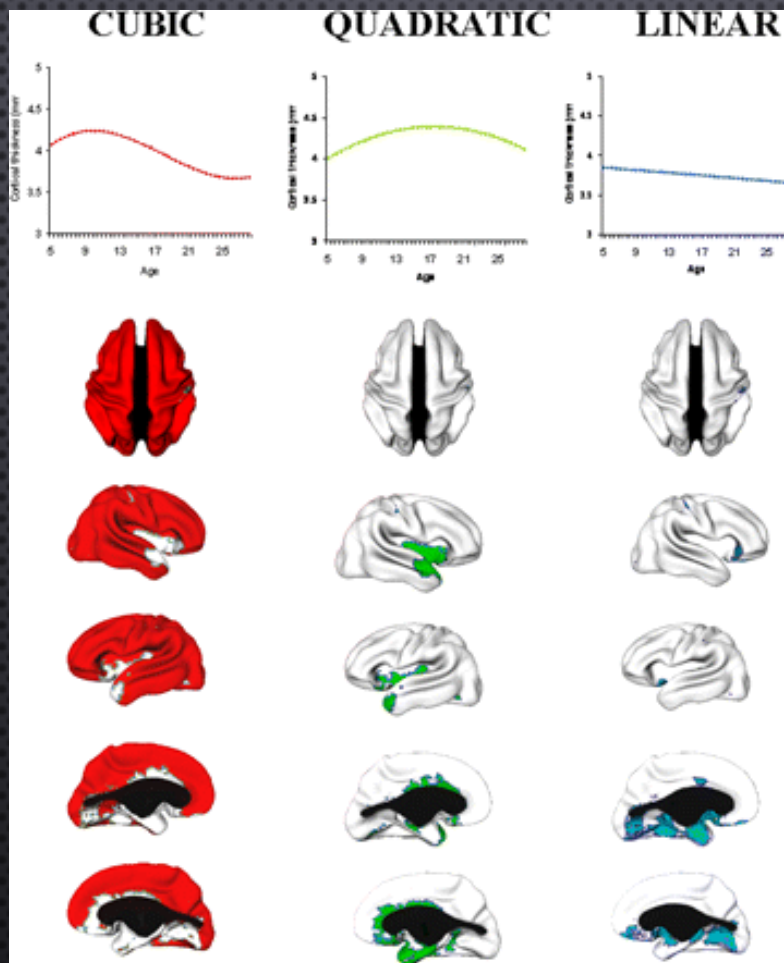
Subject 2

We can recover face-selectivity from the responses to single stimuli.



PHIL SHAW/NHGRI NEUROBEHAVIORAL UNIT

- Longitudinal studies of brain development in youths with ADHD
- CPB Alumnus / Well known studies of brain development & IQ etc
- Cortical development trajectories



- Intellectual ability and cortical development in children and adolescents, Shaw, P., et al (2006) Nature, 440 (7084), pp.
- Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation Shaw, P., et al (2007) PNAS
- Neurodevelopmental trajectories of the human cerebral cortex Shaw, P., et al, (2008) Journal of Neuroscience
- Longitudinal mapping .. children and adolescents with ADHD, Shaw, P., et al, (2006) Archives of General Psychiatry, 63

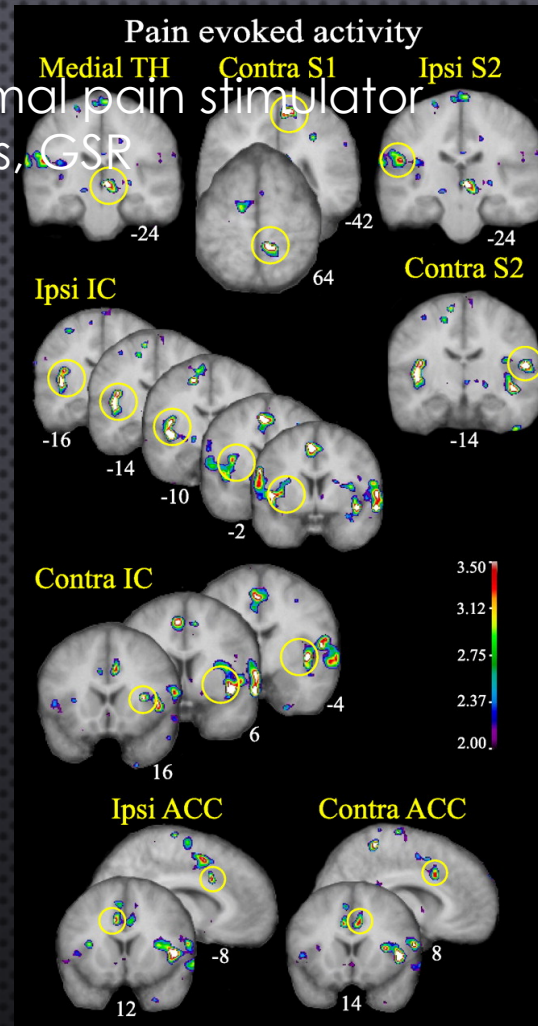


Catherine Bushnell/NCCIH

- Recruited from McGill in 2013
- Pioneer in imaging studies of pain perception and cognition

Uses: thermal pain stimulator
Analgesics, GSR

Thalamic and cortical activity evoked by heat pain in the alternating warm/pain task.



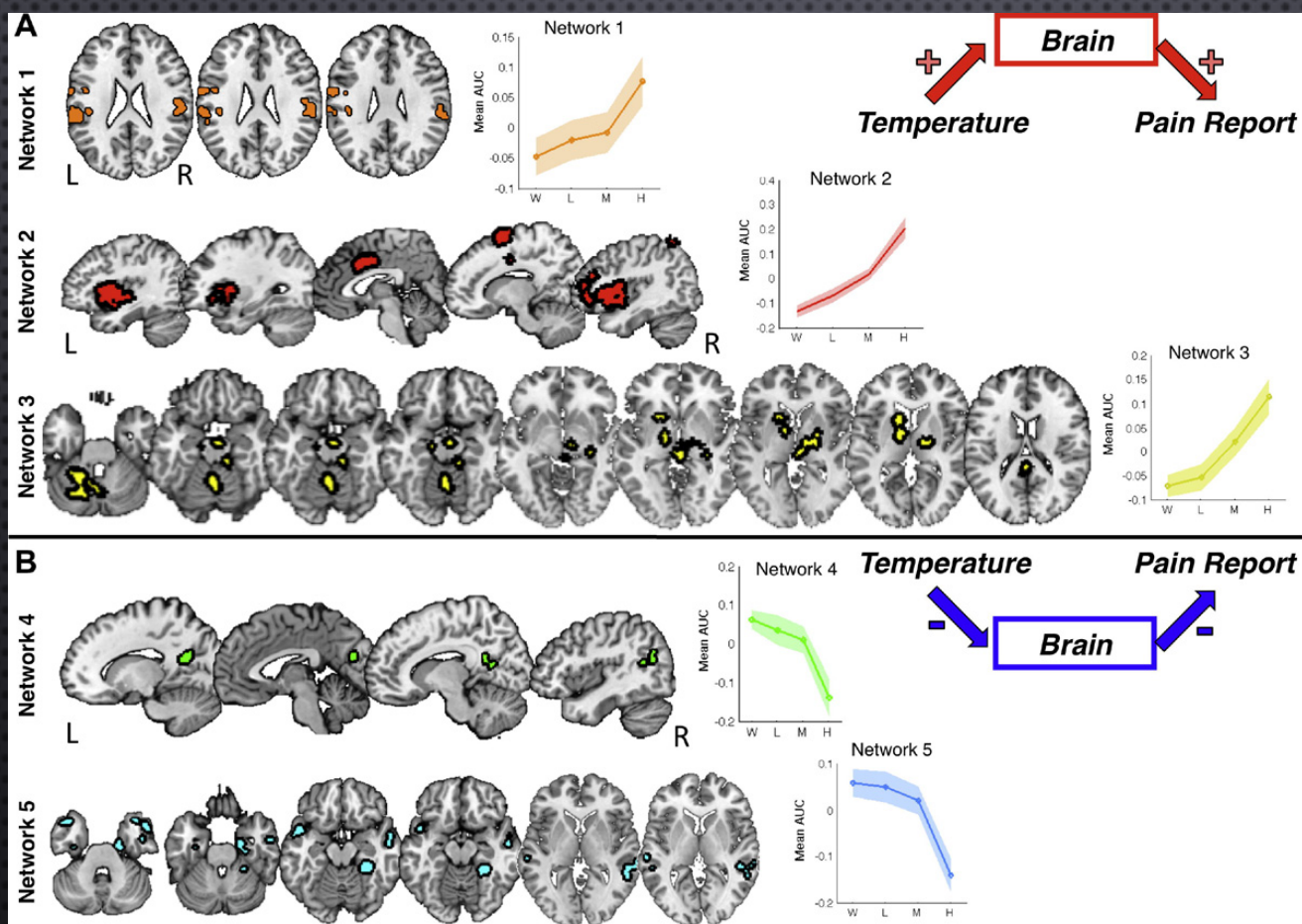
Chantal Villemure, and M. Catherine Bushnell J. Neurosci. 2009;29:705-715



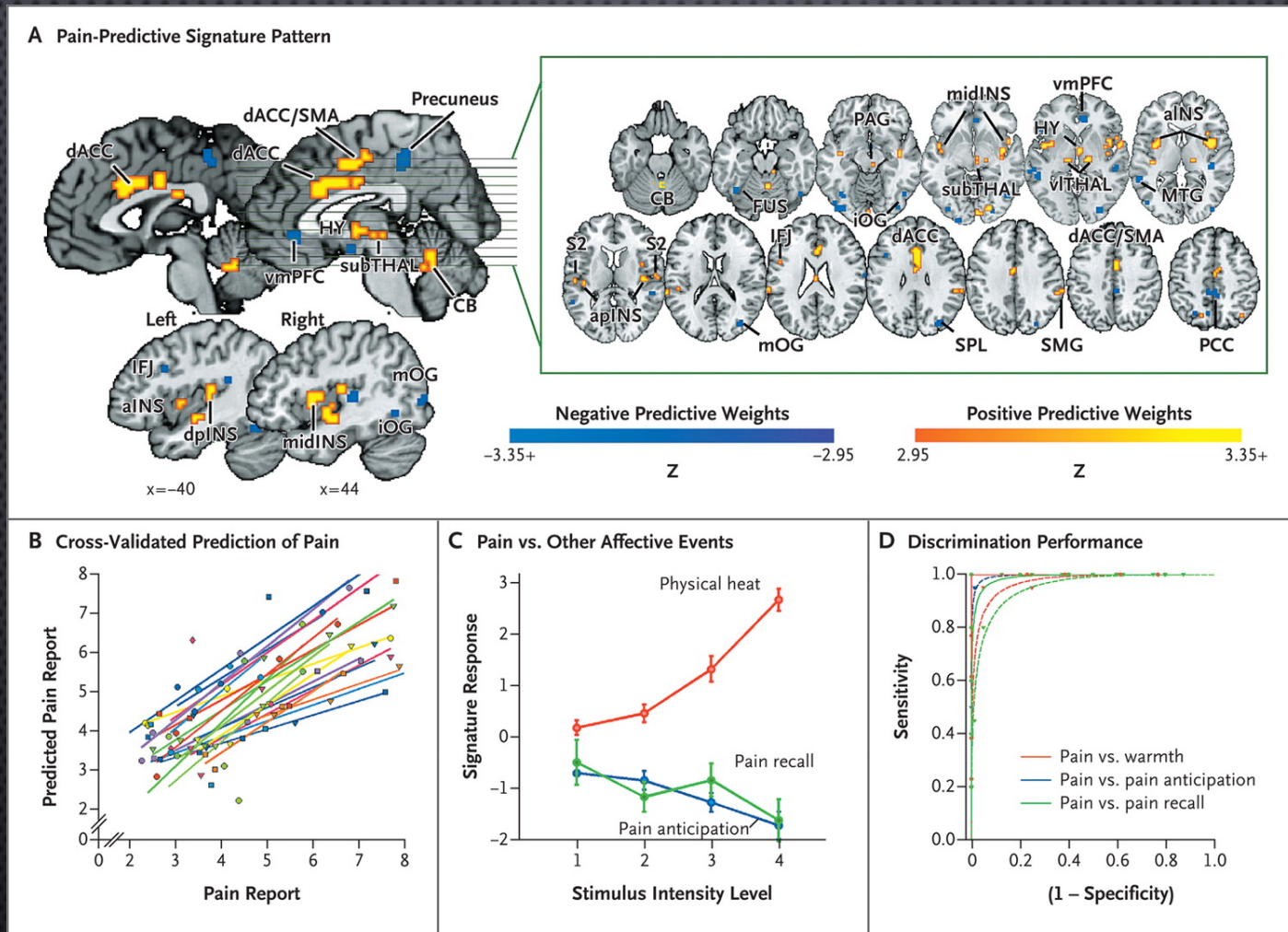
Lauren Atlas/NCCIH
(Affective Neuroscience&Pain)

Recruited from NYU in 2015
studies of how belief and expectation influence
pain perception

Uses: thermal pain stimulator
Analgesics, eye tracking, GSR

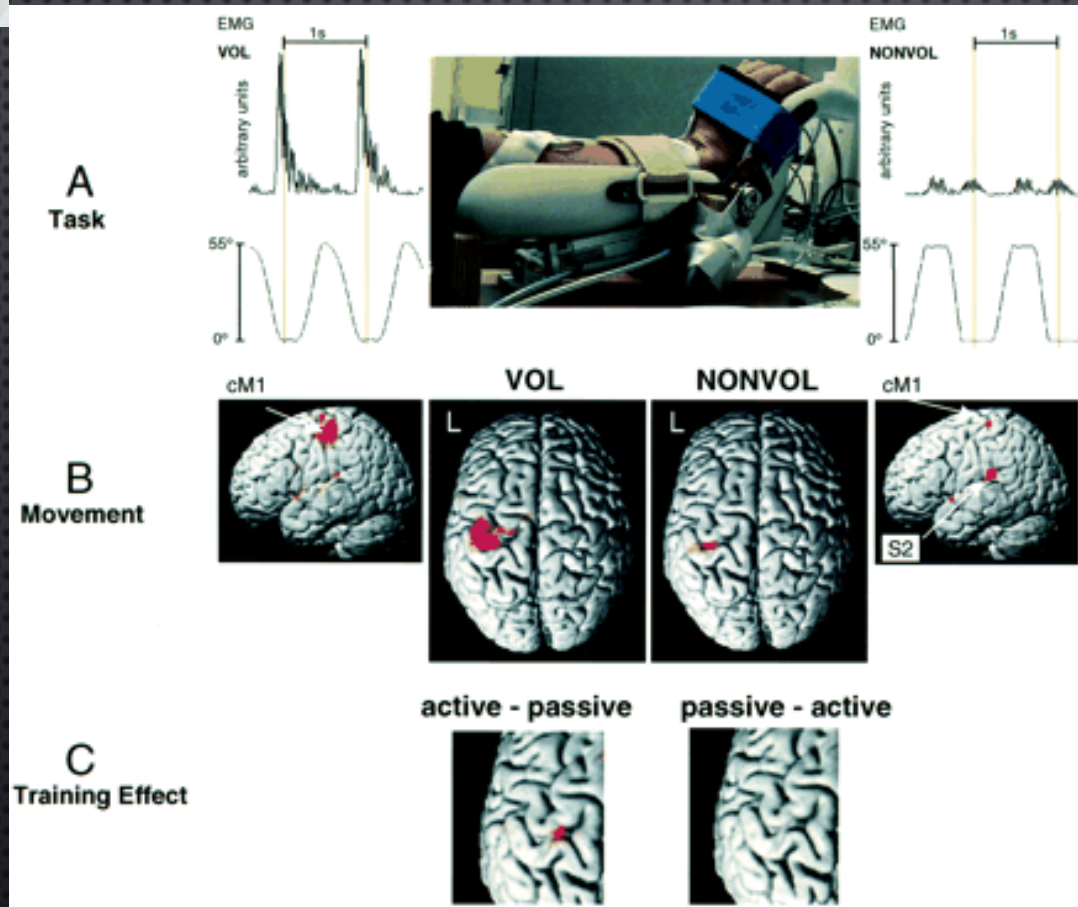


Prediction of Physical Pain on the Basis of Normative Data from Other Participants in Study 1.



LEONARDO COHEN/HUMAN CORTICAL PHYSIOLOGY SECTION

- Brain Plasticity/Stroke Recovery / Cortical reorganization (using MR)
- Therapy using brain stimulation (TMS, tDCS)
- Effects of reward on motor learning



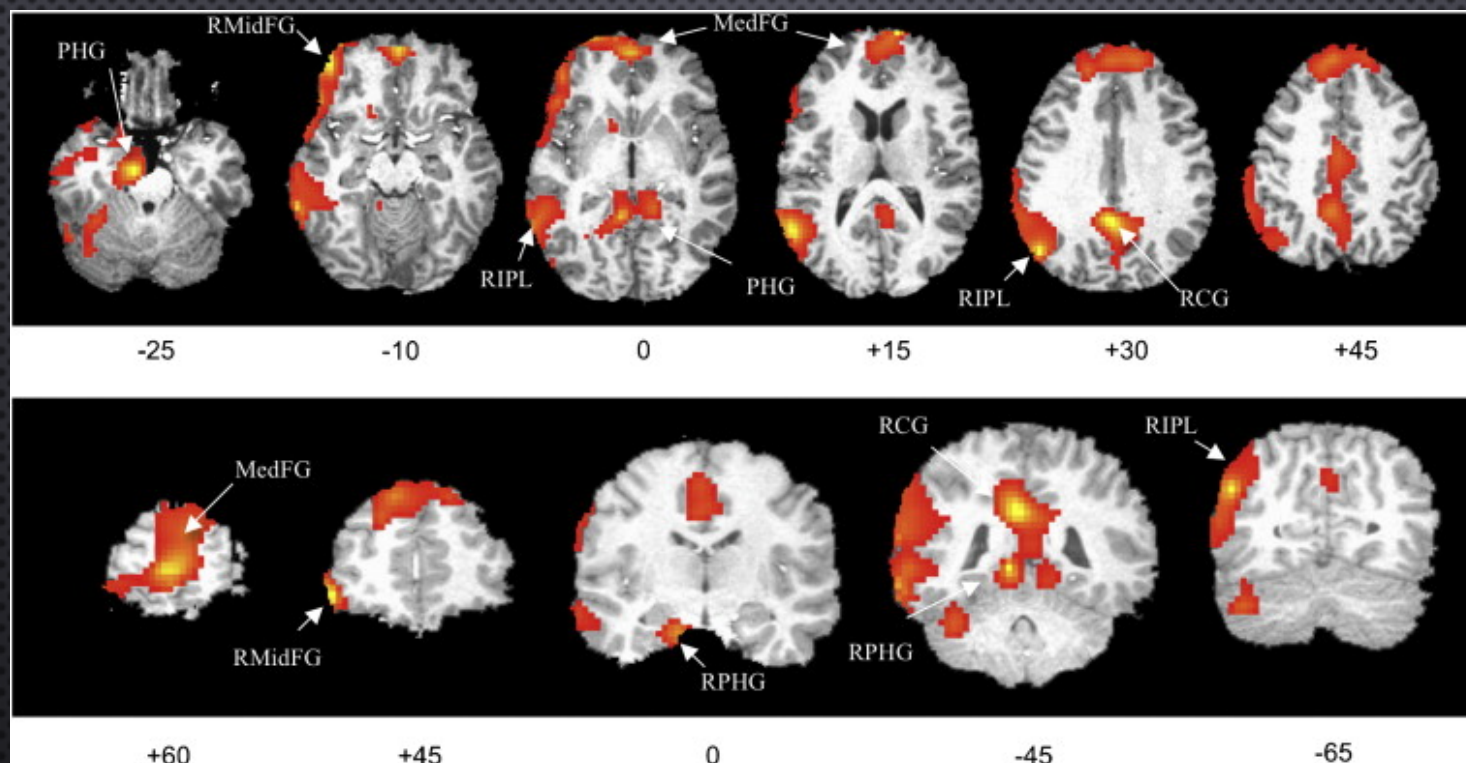
Use: TMS, MRS

- Neural Substrates of Intermanual Transfer of a Newly Acquired Motor Skill Perez, M.A., et al, (2007) Current Biology, 17 (2)
- Effects of different viewing perspectives on somatosensory activations during observation of touch Schafer, Mi(2009) Hu
- Functional neuroanatomy of mirroring during a unimanual force generation task Sehm, B., et al(2010) Cerebral Cortex,



ERIC WASSERMAN/BEHAVIORAL NEUROLOGY UNIT

- FMRI Studies of brain stimulation (TMS / tDCS)
- Validating NIRS with FMRI
- Interventional studies of neural plasticity with tDCS

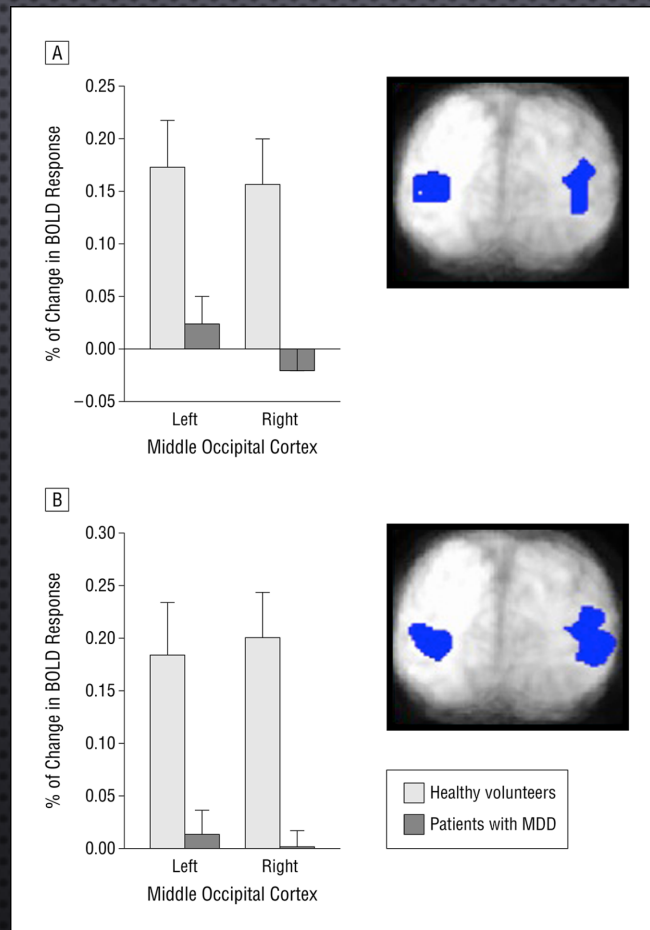


Use: TMS, tDCS, NIRS



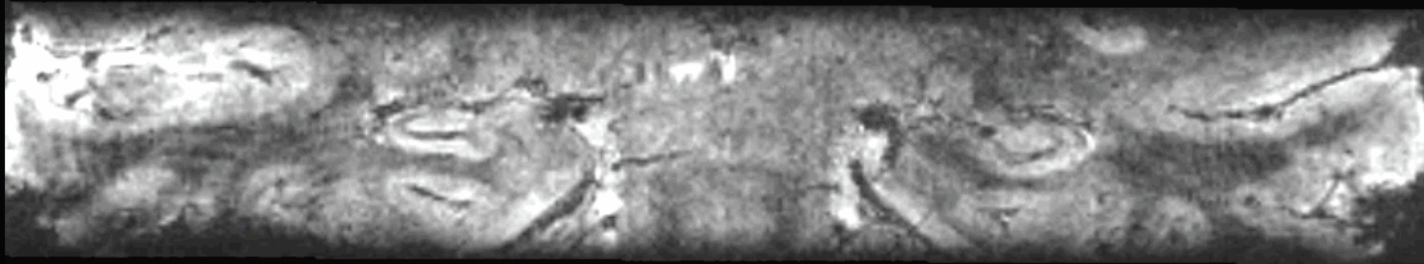
CARLOS ZARATE/EXPERIMENTAL THERAPEUTICS

- Multimodal studies of fast-acting glutamatergic antidepressants
- Functional MRS
- High resolution studies of hippocampal structures linked to MDD



Use: High-res 7T anatomy
fMRS,

High Resolution Anatomy



GRE imaging of the hippocampus
0.4mm iso, 512x448x60
TE=30ms, TR=50ms, FA=10°
TA=8min

2011-2016

2011 – Self-shielded semi-clinical Siemens 7T-830/AS Magnetom installed and becomes operational

2011 – 1.5T GE replaced by Siemens Skyra 3T

2012 – 11.7T gets to field (& quenches)

2015 – NIAAA Siemens Prisma (NIMH & NINDS 25% time each)

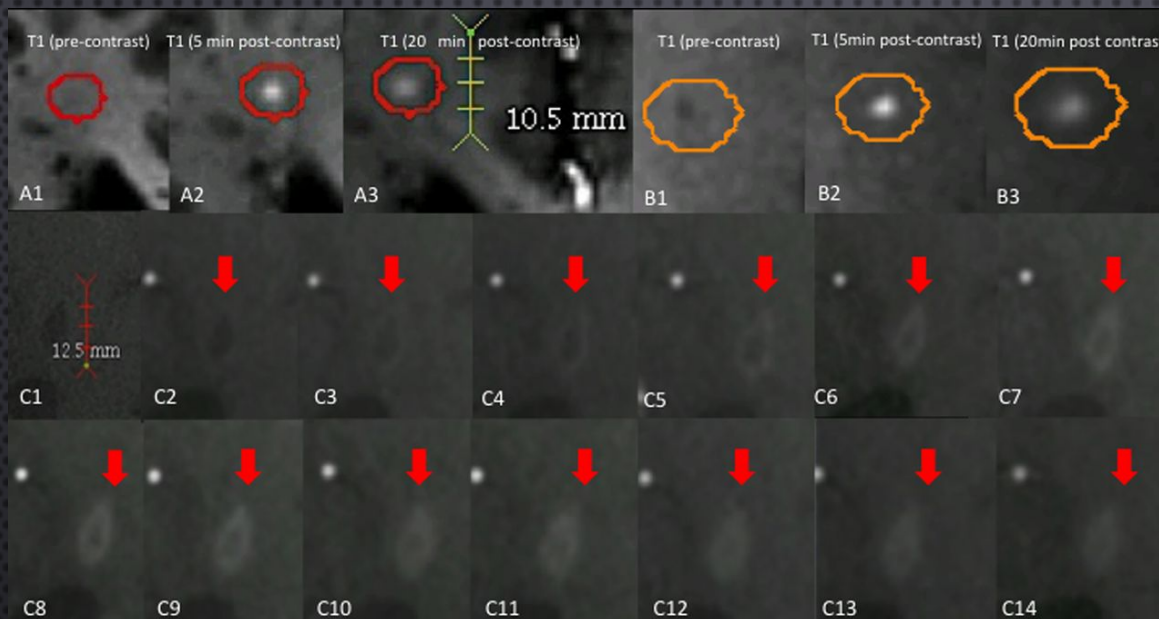
2016 – upgrade of 3T-A/3T-B (!)

2017 0 NMRF 7T (? !!)



DANNY S. REICH/TRANSLATIONAL NEURORADIOLOGY UNIT

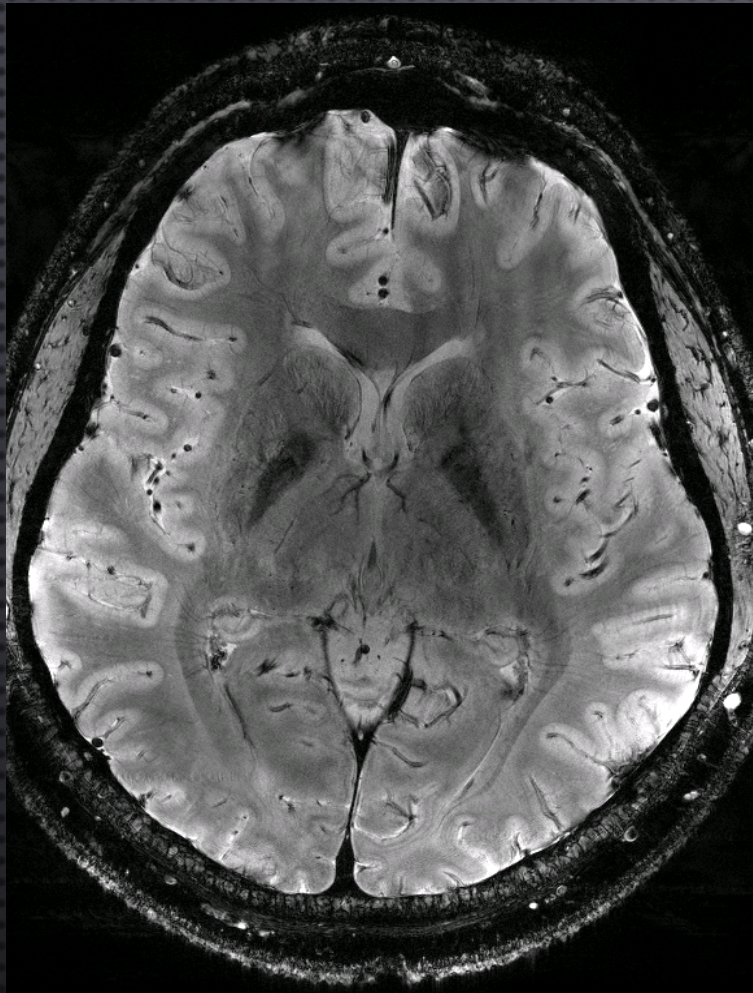
- Imaging parenchymal venules and their relationship to MS lesions
- Novel methods for quantitative imaging of myelin with T2* susceptibility
- Using DTS to image axonal damage in patients with MS
- High resolution studies of MS at 7T



Use: custom pulse sequences,
contrast injection, ex-vivo tissue

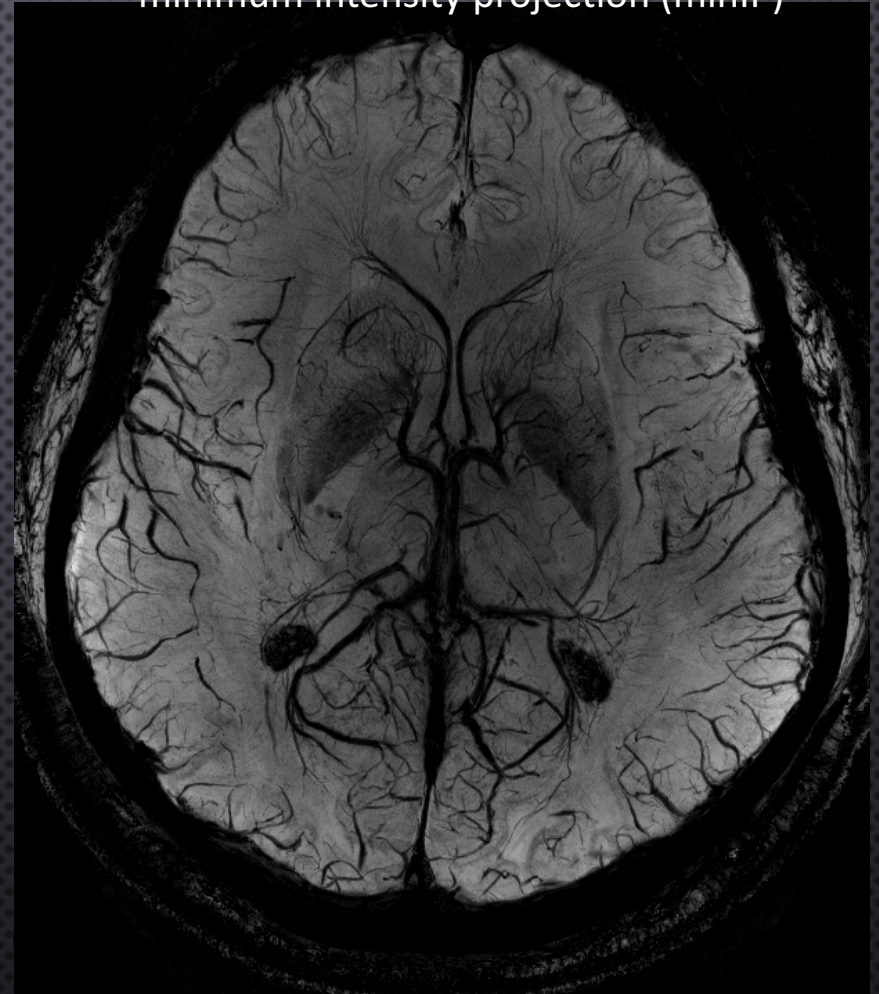
- Dynamics of lesion enhancement measured at 7T / Gaitán M I et al Mult Scler 2012;19:1068-1073

BENEFITS OF 7T MRI



2*w,

minimum intensity projection (minIP)



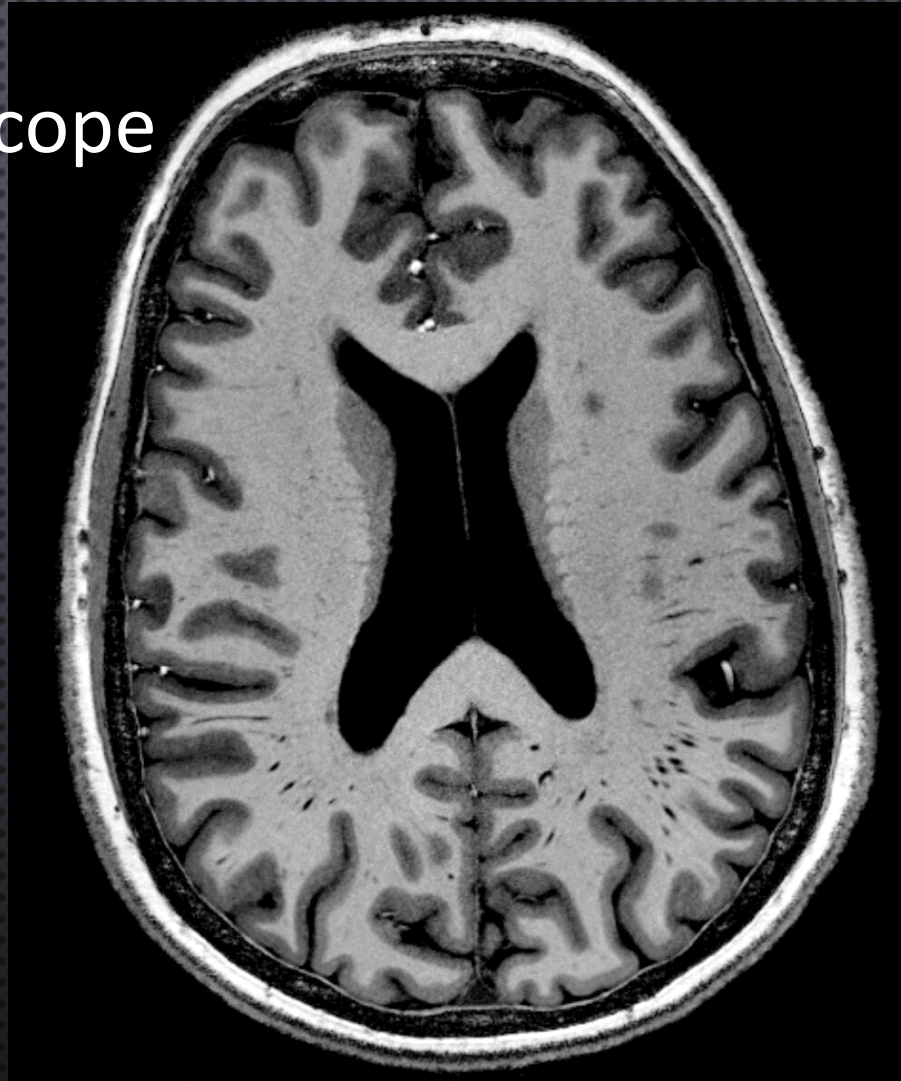
high level of details (ex: study of cerebral vasculature)
(Sati)

The MRImicroscope

Healthy subject

T1w MP2RAGE

350 um isotropic

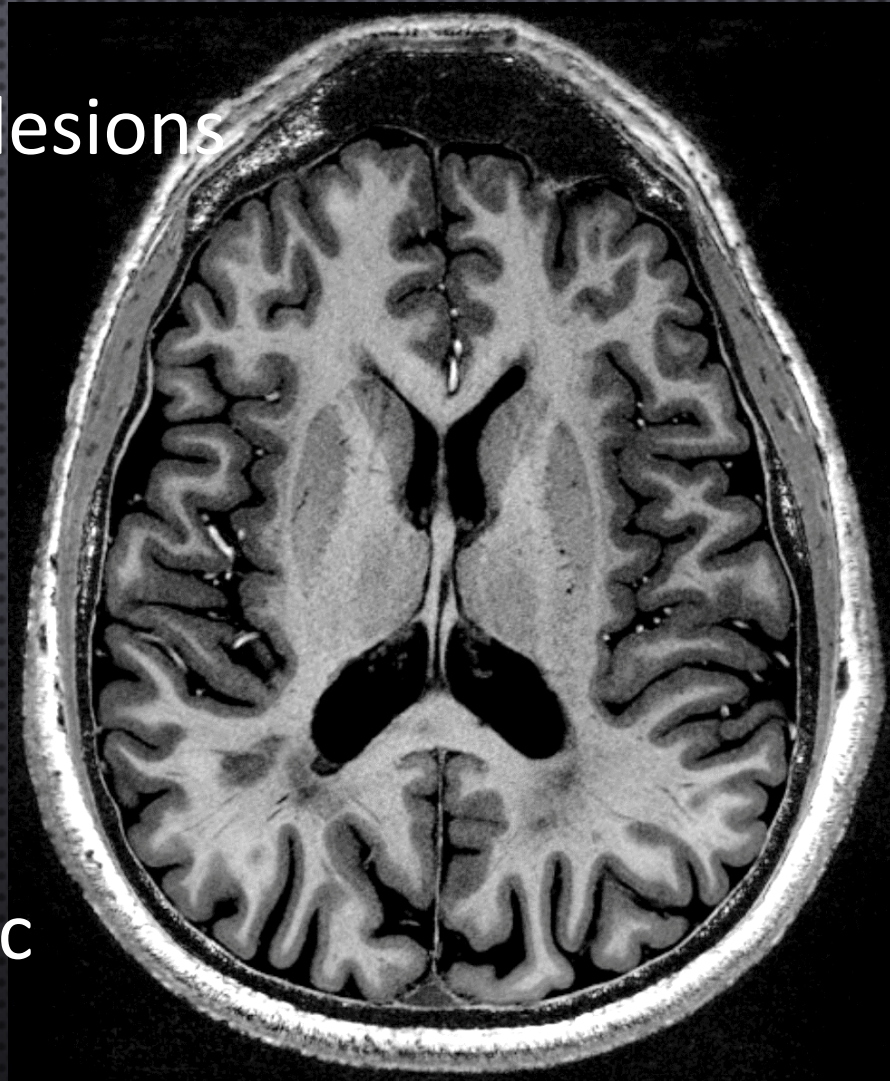


MRMicroscopy of MS lesions

MS subject

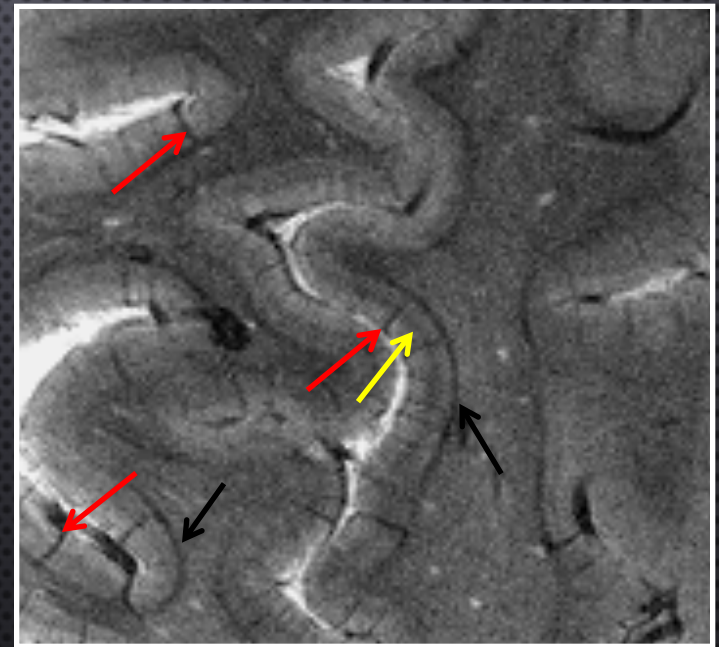
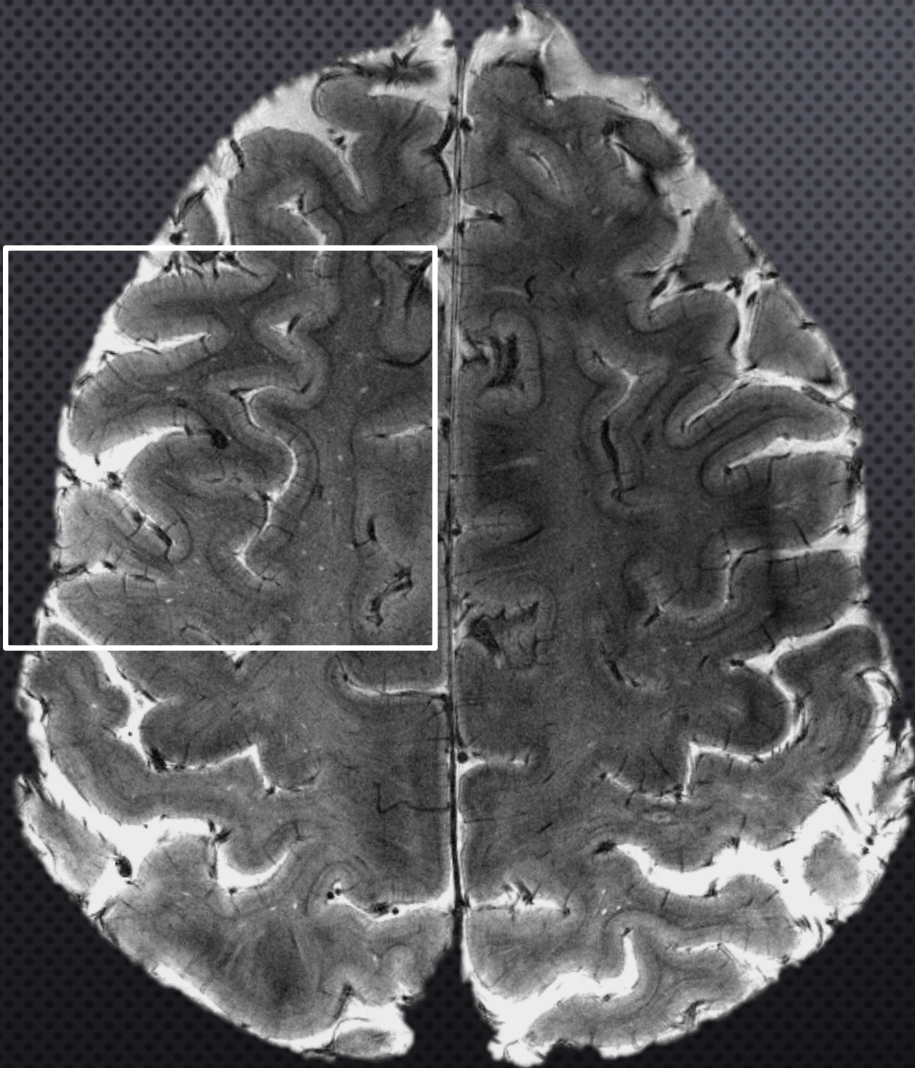
T1w MP2RAGE

350 um isotropic



Cortex imaging with 7T MRI

MS patient, T2*w, 0.2 x 0.2 x 1mm



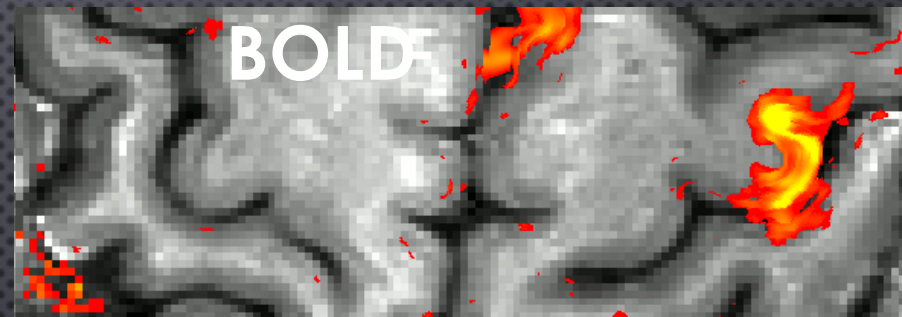
in-plane resolution = 200 μm x 200 μm

7T FMRI

HIGH-RESOLUTION FMRI AT 7T

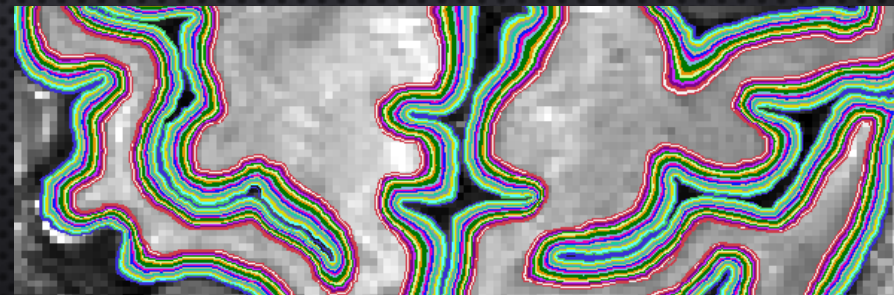


% voxel 0 Δ CBV [ml] 2



0 Δ BOLD [%] 7

0.8mmx0.8mmx1.5mm
(Huber/Bandettini)





CONCLUSION:

